PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01298 Reg. Dist. No....

CERTIFICATE OF DEATH

1 DIACE OF DEATH	I a vous proposition (110) and the contract of		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Couety			
(If outside city or town limits, write RURAL and give nearest town)	State Onesy County & &		
How long to above place of death? La day H	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, lostitution, or street address where death accurred:	(if outside city of town limits, write RUKAL and give nearest town)		
Emergency Hospital	Street Ne		
7 /	(If rural, give LOCATION)		
Hew long inChospital or Inafitution?	2.(a) It veteran, nama war		
3. (a) FULL NAME	3. (b) Social Security Number		
Good and auto			
Mace Jx, ullsten			
4 Sex 5. Celor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
T W marres	20 DATE DE DEATH FEB 15 1995 1 6 COM		
	20. DATE OF DEATH. Jeb 18 1995, at 6 9M		
8.(b) Name et husband or wife le harles S. Acceler	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	dec. 8 10 45 10 Dec 18 10 45		
7. Sirih data et	and that I last saw her alive oo Jeb 17 18 7.7		
deceased (mo., day, yr.) april 19-1874			
8. AGE: Years Months Bays Il isaa than ene day	Immediate cause of death DURATION		
of a land	Cerebral besselage 10day		
/	·		
8. Birthplace New port OX	Due to arterios elecopo lando-		
(lown, county, and atate)	varula des rase		
10. Usual occupation 21 occal 10 Col			
	Due to		
11. Industry or business			
12. Name Nelson montague	Other conditions accerding to In Claring		
12. Name Melson montague			
M O. A	(Incinde pregnancy within 3 months of death)		
14. marden name	Major findings al aperations.		
15. Birthplace Olm Kinger			
10.00 0 0 13	Date of op		
16. Interment Sharles S. Busless	Antopsy results		
Address Piva. mary low	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
n 6 90 1011-	22. VIOLENCE: If death was due to external causes, fill in the tellowing;		
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or hemicide		
Csmetery er crematory	Where did injury eccur?		
Lecation Fredorica New York	Injured at heme, farm, industry, public place (where?)		
18. Funeral diractor 13 - L - Hospings	Maana of injury lojured at work?		
0			
Address Conseportes one	23. SIGNATURE S-Corrsuele MeD		
1. Feb. 19 1. 45 7 Journels	M, D, or other		
(Date rec'd by registrar) Registrar	Address arung les mo Date signed 2/19/4)		

PERSONAL PROPERTY AND PROPERTY AND PROPERTY AND PARTY AN

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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CLICITICA	Reg. Diat. No.
1. PLACE OF DEATH County Ann E Provide County City or fown. Ann E Provide County (If outside city or town limits, write RURAL and give nearest lown) How long in above place of dealh? Hospital, institution, or street address where doafh occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Elsie Lucille Bassford	3. (b) Social Security Number
1. Sex 5. Color or race 8.(a) Single, married, wildowed, or divorced Single Single	MEDICAL CERTIFICATION 20, DATE OF DEATH. 7 12 3 19 45 21 2
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dale of deceased (mo., day, yr.) FEB, 19 194 8. AGE: Years Months Day's If less than one day	and that I last saw h
9. Birthplace. A.A. Co Mcd. (Town, county, and state)	Bue to Foughes en burning
10. Usual occupation	Due to Louse .
12. Hame Thomas Bass ford 13. Birthplaco A.A.Co. McCo.	Diher conditions
14. Maldee same Frances L. Wood 15. Stribplace A.A. Co., Mcl.	(Include prognancy within 3 months of death) Major findings of operations.
16. Informani MAS Thomas Base force	Autopsy results
Address R. LD#3, H.H. Co. WCLU 17. Burial Date thereof. 756 5 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemelery or crematory	Accident, suicide, or homicide
Location Alugapolis lead Of	Injured at home, farm, Industry, public place (where?)
Address Hugapolis Well	23 SIGNATURE Please / Wrosis DME
19. Feb. 5 19 45 — Puulh (Dute rec'd by registrar) Registrar	M. D. or other 2/3/45

FEB 7 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: information caref (If rural, give LOCATION) flow long in hospital or institution?. 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING 20, DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife..... .S.(c) If alive, give ageyears deceased (mo., day, yr.) If less than one day 8. AGE: Months (Town, county, and state) 10. Usual occupation..... 11. Industry or husines important. (Include pregnancy within 3 months of denth) Major findings of operations..... especially PLAINLY, PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur?(City or town) WRITE (County) Injured at home, farm, industry, public place (where?) Meaos of Injury 18. Funeral director

Registrar

(Date rec'd by registrar)

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FEB 7 1945

BUREAU V.S.

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrise especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180) CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: Gounty. A PLACE OF DEATH: Gounty. A PLACE OF DEATH: Gifty or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Thomas William	Boss ford 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH. MEDICAL CERTIFICATION P 20, DATE OF DEATH. 21, 21, 21, 21, 21, 21, 21, 21, 21, 21,
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birib date of deceased (mo., day, yr.)	and that I fast saw h
8. AGE: Years Months Days If less than one day 3 - 16	Immediate cause of death DURATION Laskal Crew atrace
9. Birthplace ANUE ARUNCE Co. Mc. (Town, county, and state)	Due to Traffic Tue a
11. Industry or business	Due to Dura ing house
12. Name. Thomas Dass ford 13. Birthplace 4. A. Co. Male	Other conditions
14. Malden name + Nouces L. Wood 15. Birthplace A. A. Co., Mc	Major findings of operations.
16. Informant NWS. Thomas Bassford	Autopsy results
17. During Dale thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory Clar Stuff	Where did injury occur?
5 10 10 10	Means of injury Injured at work?
Address Hungrolis UC	23. SIGNATURE JOHN Lunes DM E.
19. LUS 5 19. 4.5 CMANUS Registrar	Address Au Date signed 2/3/45

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PLEASE

FEB 7 1945 BUREAU V.S. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

01302

CERTIFICATE OF DEATH

V	Reg. Diat. No.
1. PLACE OF DEATH: asendel.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. Many Land. County G
City or town. (If outside city or town limits, write RURAL and give nearest town)	Breshus - 25
How loog in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) It veteran, came war.
3. (a) FULL NAME Exples mal Battle	3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a)Single, married, widowed, or divorced C S .	MEDICAL CERTIFICATION 20. DATE DF DEATH February 4 1945 21 8 30 50 100
6,(b) Name-et.husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Described - 9-1944	and that I last saw h
8. AGE: Years Months Days If less than one day 2.5	Immediate cause of death DURATION Occidental DURATION
9. Birthplace, Bellinson. Trid. (Town, county, and state)	Duo te.
10. Usuat occupation	Due to
12. Hame Robert Bottle. 13. Birthplace Macylond.	Other conditions
14. Malden name esther Smoothers	(Include pregnancy within 8 months of death) Major findings of operations.
2 15. Birthplace Margueria. 18. Interment Robert Bobble (listles)	Date of op.
Address Pahaparo Pask. 2nd.	Antopsy results PHYSICIAN: Please underline the caose to which death should be charged statistically.
17. Burlal, eremation, or removal. Which?) Bate thereot 2/6/45- (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Bate of 2004
Comotory or crematory	Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?)
18. Funeral director Cross O-Chilson	Means of Injury Bed - (Niglegene) injured et work? NO
Address 1000 Bhank ley and.	Senton & Parcher Fred.
19. 2/6 MACALDA (Date see'd by registrar) Registrar	23. SIGNATURE Addros Islew Busnie, rus Oato signed 2/4/60

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CERTIFICATE OF DEATH

FEB 9 1945 BUREAU V.S.

PLAINLY, WITH UNFADING ING is especially important. Physicians:

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Supply every item of information carefully. The corrects please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (15-0) CERTIFICATE OF DEATH

01303

Reg. Dist. No. 21

1. PLACE OF I	DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Anne Arundel				Manufand Baltimon	9	
City or town			URAL and give nearest town)			
			Casa and Sive near to any	City or town Baltimore (If outside city or town limits, write RURAL and give neares	st town)	
Hospital, Institution.	or street address where	death occurred	l:	Street No. 3309 Forest Pk. Ave., Baltim	ore, Md.	
			Md.	(If rural, give LOCATION)		
How long In hospita	l or institution?2	Days		2.(a) If veleran, name war		
3. (a) FULL NA	ME			3. (b) Social Security No	ımber	
	Louis	Alan 1	BLOCK			
4. Sex	5. Color or race	6.(a)Slogi	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White		Single	2D. DATE OF DEATH. February 7, 1945, a		
0.43 h	and an wife			21. I CERTIFY that death occurred on the date above stated; that I attended decease	d from	
				February 6, 1945 to February	7. 194.5	
7. Sirth date of			c) If alive, give ageyears	and that I last saw h im alive on February 7.	19.45	
deceased (mo., da		y 6, 19		Immediate caose of death Chronic Tonsillitis	DURATION	
8. AGE: Y	ears Months	Days	If less than one day			
5	1	1	hrsmin.			
9. Siribplace. Baltimore, Maryland			1	Due to RESPIRATORY FATLURE (STATUS		
(Town, county, and state)				LYMPHATICUS ?)		
1D. Usual occupation. Child				Due to		
11. Industry or busi					****************	
至 12. NameL	ouis Harry	BLOCK	***************************************	Dther conditions	*********************	
12. Name Louis Harry BLOCK 13. Sirthplace Baltimore, Md.				(Include pregnancy within 3 months of death)		
14. Maiden na 15. Girthplace	Philadel			Major findiogs of operations		
				Date of op.		
16. InformantU	.S.N. Hospi	tal, A	nnapolis,Md.	Actoray results		
Address Annapolis, Md. 17					Emdicany.	
			2/12/115	22. VIOLENCE: If death was due to external causes, fill in the following;		
			(ponth) (day) (year)	Accident, suicide, or homicide		
			ugn	Where did injury occur?(City or town) (County)	(State)	
			A.	Injured at home, farm, industry, public place (where?)		
Location		Const		Means of Injury Injured at work?	1	
			im,	11/2811.	10 8	
Address 190	JZ Eutaw Pl	ace, Bal	timore, Md.	23. SIGNATURE DELPH (AM) 2	ung	
Fola	8 4.		Mary branch	M. P. or	other	
19			Registrar	Address U.S.N. Hospital, Annapolis, Dale signed	-8-45	

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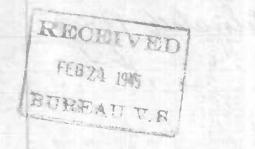
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01304

P		IE OF DEATH	Reg. Dist. No. 2
information carefully. The corr of death clearly and legibly.	1. PLACE OF DEATH: County	Darole.	nty
forma	3. (a) FULL NAME Clinabeth Boston		3. (b) Social Security Number
Supply every item of inflease write the causes of	4. Sex 5. Colpf for race 6. (a) Single, married, widowed, or divorced Wishow 8. (b) Name of husband or wife 8. (c) If alive, give age 9. Service of the service of th	2D. DATE DF DEATH	122/45 19
ADING INK. Supperson Physicians: please	8. AGE: Years Months Days It less than one day 7/ 0 / 4		an 340.
P 14	12. Name. 10000 19 001000	Other conditions	
f, WITH CYLI ly important.	14. Malden name Sharlite Bortine 15. Birthplace Junyour 16. Informant Chicas Borton	(Include pregnancy within 8 m	
WRITE PLAINLY, is especially	Address 17	PHYSICIAN: Please underline the cause to white the cause the cause to white the cause the cau	ch death should be charged statistically. es, fill in the following: Dale of
PLEASE WH	Address 18. Funeral director Address 19. Feb. 23 (Date ree'd by registrar) Registrar	Injured et home, farm, Industry, public place (who Means of Injury 23. SIGNATURE	Injured all work?

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THE RESIDENCE OF THE PARTY OF T

PLEASE WRITE PLAINLY, '

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (SZ)



01305

Date signed.....

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
City or town District Training School, Laurel, Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 16 years 6 months 14 days			months 14 days	State		
Hospital, Institution, or street address where death occurred: District Training School, Laurel, Md. How long in hospital or institution? 16 years 6 months 14 days 3.(a) FULL NAME Naomi Briscoe				Street No. 1219 S. Capitol Street, S. W. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number None		
female	colored	s	ngle	20. DATE OF DEATH February 3		et 2:15 Am
			c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 18 19 34 to February 3 19 45		
7. Birth date of deceased (mo., day,	yr.) April :	18, 190	2	and that I last saw her alive on Febr		1645
8. AGE: Year	Months 9	Days	If less than one dayhrs. min.	Immediate cause of death acute cardiac fa		13 hours
10. Usual occupation.	shington, I (Town. Inmate, D: ss Mental (istrict	tate) Training School	Oue to Strangulated pedic nyoma of uterus	ulated fibro-	36 hours
置 12. Name				Other conditions Pediculated Ly Imbecile		n 3 year: life
14. Maiden name	14. Malden name. Hnma Freeman 15. Birthplace Marshall Hall, Maryland 16. Informant Records of District Training School			(Include pregnancy within 8 ms No Opera	onths of death) tion	
16. Informant Records of District Training School Address Laurel, Maryland			Training School	Autopsy results. No autopsy PHYSICIAN: Please underline the cause ie which	***************************************	0000 000 0000 0000 0000 0000 0000 0000 0000
Cemetery or cremat		ive	2-4-45 (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	(County)	(State)
18. Funeral director	Henry Ford	d Unde	rtaking Co.	Means of Injury	Injured at work?	
I-A A	Street nes	7	Dara Hasley	23. SIGNATURE Address District Training	School Date signed	24.77. rother 2-3-45

MARTING STATE DEPARTMENT OF STATE



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore que

CERTIFICATE OF DEATH

01306

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Manyland county a - a -
City or town	Dela la familia - mad
How long In above place of death? 66 4 £ars	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No Ruali
	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Thomas Brooks	No
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Col- Widower	20. DATE OF DEATH
Estal Rusoko	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Hame of husband or wife	Jan 11 1945 to Feb 16, 1845
7. Sirth date of Section 1. S	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	J
997 8hrsmln.	Cardial Failure 2 mgs
9. Birtholace Waterbury a-a- and	Due to mitral insufficiency Outo
9. Birthplace	Duration four years
10. Usual occupation. La Work	Due to.
11. Industry or bustness	
# 12. Name SEOV95 Brooks	Other conditions
12. Name SEOYGE Brooks 13. Birthplace Waterbury Indi	
	(Include pregnancy within 3 months of death)
.0	Major findings of operations
15. Birthplace M. Ryow	Date of op.
18. Informant Homas Broth	Autopsy results
Address Water bury and	
17 Burial Date thereof 2 20 1945	22. VIOLENCE: If death was due to external causes, filt in the following:
17. (Burlal, cremation, or removal, Which?) (month) (dey) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt Jabor (Sml .	Where did injury occur?
Location Chester Lield and	tnjured at home, farm, Industry, public place (where?)
9.4006	Means of Injury Injured at work?
1B. Funeral director C. F. S. Car R. W.	10.1110.1
Address 47 Washington	23 SIGNATURE Schoolore N. Johnson med
70/5 20 45 True	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address 35 Justinues Spier Date signed 1/9/95

Johnson



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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

61307

Reg. Dist. No.

	OF PROPERTY		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Anne Arundel	Maryland Anne Arundel		
Crownsville (If ontside city or town limits, write RURAL and give nearest town)	State County County		
(If ontside city or town limits, write RURAL and give nearest town)	City or town		
How long In above place of death? 33 yrs., 6 mos., 19 days	(If outside city or town limits, write NORAL and give nearest some)		
Hospital, Institution, or street address where death occurred: Crownsville State Hospital	Street No. Unknown (If rural, give LOCATION)		
How long in hospital or institution? 33 yrs, 6 mos, 19 days	2.(a) If veteran, name war unknown		
3. (a) FULL NAME	3. (b) Social Security Number		
Brown - Clarence	unknown		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male black single			
male black bingle	20. DATE OF DEATH. February 10 19.45 at 7:00P M		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
B.(b) Name of husband or wife	July 21 19 11 to Feb. 10 19 45		
	and that I last saw h im alive on February 10 19 45		
7. Birth date of			
title she and day	Immediate cause of death		
8. AGE:	Salta		
014 ·	Metastasis in the liver		
9. Birthplace	Due to.		
9. Birthplace			
1B. Usual occupation. Waiter			
ID. Osuai occupationalii	Due to		
11. Industry or business	General Arteriosclero- unknown		
12. Name. unknown unknown unknown	Biher conditions General Arteriosclero unknown		
13. Birthplace unknown	(Include pregnancy within 8 months of death)		
14. Malden name. unknown 15. Birthplace unknown	Major findings of operations.		
15. Birthplace unknown	Date of op.		
Hospital Records	Autopsy result Cancer of pancreas with Metasta		
10. III UI III III III III III III III III	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Crownsville, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year)			
Cemetery or crematory Ababilat	Where did injury occur? (City or town) (Connty) (State)		
Commenter the	injured et home, farm, industry, public place (where?)		
Location	Means of injury Injured at work?		
18. Funeral director.	meens of mining		
	THEN Strategal		
Address	23. SIGNATUREX		
41 19 "HA- Cotholine oca			
19. The registrary Registrary	Address Crownsville, Maryland Date signed 2/10/45		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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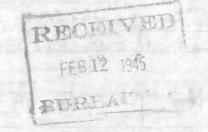
CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ann Arundel	
City or town	State Transland County A. A. A.
	City or town annend is
Now long in above place of death?	
needing heartston at Attach and and a state and a section	Street No. 108 Washington St.
How long in hospital or institution?	(12 rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	
	3. (b) Social Security Number
Richard Brown 4. Sex 5. Color or race 6.(a) Single, married, widowed, or	Awaread II
	MEDICAL CERTIFICATION
Male Colored Married	20. DATE OF DEATH 2 2 2 1945 at 1730
6.(6) Name of husband or wife Perdella Brown	21. I CERPIFY that death occurred on the date above stated: that attended deceased from
	19.75
7. Birth date of	and that I last saw h AN allve on Tet 5
deceased (mo., day, yr.) Oct IO ISSO. 8. AGE: Years Months Days If less than one da	Immediate cause of death
	from from from from from from from from
4 160	min. Uchlo Thyp codits 2 days
B. Birthplace Annapolis Md.	Due to.
(Town, county, and state)	V V
1D. Usual occupation	Due to
11. Industry or business	
# 12. Name Unknown	
E 12. Name Unknown	
14. Malden name Eliza Burnette	(Include pregnancy within 8 months of desth)
	Major findings of operations.
S. 15. Birthplace IId.	Date of op.
16. Informant Perdella Brown	Autopsy results.
Address TOS Washington St. Ann	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Bafe thereof Feb. 8. (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	y) (year) Accident, suicide, or homicide
Cemetery or crematory Brewer Will	Where did injury occur?
Annanolie 3rd	Injured af home, farm, Industry, public place (where?)
	Means of injury Injured at work?
18. Funeral directorJ.B.Johnson	
Address Annapolis . Md	The less ander
Fold & 45 mil	23. SIGNATURE M. D. or other
19. [Data real'd by perfection]	Registrer Man (NIN) O- 5 to 1 W9 Both stored 3-17/8

MARTILAND STATE DEPARTMENT OF MEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Battimore 207 CERTIFICATE OF DEATH corre 1. PLACE OF DEATH: carefully. The coarrly and legibly. 2. USUAL RESIDENCE (HOME) OF DECEASED: Anne Arundel (For newborn infants give residence of mother) State Maryland Crownsville (If outside city or town limits, write RURAL and give nearest town) Baltimore City (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 6 months, 22 days Mosnital Institution or street address where death occurred: 1037 North Eutaw Street Crownsville State Hospital (If rural, give LOCATION) 6 months. 22 days How long to hospitat or institution?.... information of death cle unknown 3. (a) FULL NAME 3. (b) Social Security Number CARR - NORMAN unknown 4. Sex 5. Color or race 6.(a)Single married widowed or divorced MEDICAL CERTIFICATION married hlack male February 26 45 49:10A 8.(6) Name of husband or wife Ethelia Carr 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 4 19 44 10 Feb. 26 19 8.(c) if alive, give are unknown and that I last saw h. im alive on February 26 7. Birth date of 1911 Supply e deceased (mo., day, yr.) Immediate cause of death..... Years Months 8 ACE-If less than one day General Paresis known unkhown D South Carolina (Town, county, and state) G INK Laborer 10. Usuat occupation... unknown 1t. Industry or business Cal Carr 12. Name South Carolina important. 13 Rirthniace (Include pregnancy within 8 months of death) Annie Swinton Major findings of operations. 15. Birthplace South Carolina PLAINLY, V Hospital Records 16. Interment... PHYSICIAN: Please underline the caose to which death should be charged statistically. Crownsville. Marvland 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide..... Where did injury occur? WRITE (City or town) (County) injured at home, farm, industry, public place (where?) Means of Injury EASE Address Crownsville, Marylandbate signed 2/26 Registrar



EVIDENCE for change of MARYLAND STATE DEPARTMENT OF HEALTH spelling of surname shown 2411 N. Charles St., Baltimore 93-1 on Film G92 3-2-45. L CERTIFICATE OF DEATH Reg. Dist. No... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or tor a limits, write RURAL and give nearest town information carefully, of death clearly and Hew leng in abeve place et death?..... Hespital, institution, or street address where death occurred: Comeracine Hus (If fural, give LOCATION) Hew long in hospital or institution? 2.(a) if veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number CIZEK MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING 21. I CERTIFY that death eccurred on the date above stated: that I attended deceased from 7. Birth date et deceased (mo., day, yr.) Supply lease wri Months It less than ene day 8. AGE: Days UNFADING INK. 11. Industry er busing important, 13. Birthglace (Include pregnancy within 8 months of death) 14. Malden name Major findings of operations..... WRITE PLAINLY, is especially PHYSICIAN: Please nuderline the cause tu which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, filt in the tellowing; Date thereet.. (month) (day) (year) Accident, suicide, or bomicide...... Where did injury eccur? (City or town) (Coonty) Injured at heme, farm, Industry, public place (where?) Means of Injury injured at werk? 18. Funeral directer. 3. SIGNATURE M. D. or other

Registrar | Address...

(Date rec'd by registrar)

RECEIVED
FEB 17 1945
BUREAU V.S.

2411 N. Charles St., Baltimore 137

CERTIFICATE OF DEATH

			CERTIFICA	IL OI DENIII	Reg. Dist. No	
1. PLACE OF DEA	TH: 10 Arunde	1		2. USUAL RESIDENCE (HOME (For newborn infants give residence	e of mother)	
City or fown Crownsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? A Yrs, 11 mos, 1 day Macallal inclinifing or street address where death occurred:			State Mayland county Anne Arundel City or town (If outside city or town limits, write RURAL and give nearest town) unknown Street No.		rest town)	
Crown s How long in hospital or	sville St	ate H	lospital 1 mos, 1 day	(If rural,	(If rural, give LOCATION) 2.(a) if veleran, name war	
3. (a) FULL NAME	COATES	5 - MI	INNIE		3. (b) Social Security	Number
l. Sex	5. Color or race	S.(a)Single	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
female	black	N	vidow	20. DATE OF DEATH Februar	y 5, 19 45	10:10A
6.(b) Name of husband	or wife			21.1 CERTIFY that death occurred on the date	e above stated; that I attended dece	sed from
7. Birth date of deceased (mo., day, y		6.(c	c) if alive, give ageyear	and that I last saw h. er alive oo	February 5	1945
8. AGE: Years 34		Days	tf tess than one day	Pulmonary Tube	rculosis	3 yrs
9. Birthplace				Due fo		
Asbury Howard 12. Name. Asbury Howard 13. Birthplace Maryland				Diber conditions Chorea - plus Syphilis (Include pregnancy with	Huntington	5 yrs.
14. Malden name Alberta Butler 15. Birthplace Maryland				Major findings of operations		***************************************
16. Informant Hospital Records			ds.			. 0 0 0 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Address Crownsville, Maryland 17. buried Bate thereof Feb. 9, 1945 (Burjal, cremation, or source Which?) Date thereof (month) (day) (year)			reb. 9, 1945 (month) (day) (year)	22. VIOLENCE: If death was due to extern Accident, suicide, or homicide	al causes, fill in the following;	
Annabalis, Maryland						_
1B. Funeral director	J. B.	Johns	on	Means of Injury	tnjured at work?	0
Address Annapolis, Waryland			land for how	23. SIGNATULE		or other
(Date rec'd by registrar) (Date rec'd by registrar)				Address Crownsville,	Marylandate signed	2/5/45

MARGIN RESERVED FOR BINDING

VS A15

FEB10 1945 BURGAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

Reg. Diat. No. 28

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State State County St. Mary's City or town Leonard town (If outside city or town limits, write RURAL ond give nearest town) Sireet No. (If rural, give LOCATION) 2.(a) If reteran, name war.
3. (a) FULL NAME COATES - ROBERT W.	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced separated	MEDICAL CERTIFICATION 20. DATE OF DEATH February 17 19. 45 at 8:45P
6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I atleoded deceased from November 9 19. 34 to bruary 1718 45 and that I last saw h. Im alive on February 17 18. 45
deceased (mo., day, yr.) 8. AGE: Years Months Days If tess than one day	Immediate cause of death DURATION about two mon
9. Birthplace Maryland (Town, county, und state) 10. Usual occupation Farm Hand 11. industry or business	Due to.
12. Name Goorge Coates 13. Sirthplace Maryland 14. Malden name Etta Stevens 15. Sirthplace Maryland	Other conditions Dementia Praecox - Known to Paranoid Type (Include pregnancy within 3 months of death) Major findings of operations Oate of op.
16. Informant Hospital Records Address Crownsville, Maryland 17. Maryland 18. Funeral director Charles Maryland 19. Location A. A. Standy Clan Address 9/F Druid-full av., Balto., Maryland 19. Location Charles Maryland Registrar Registrar	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Coates - Robert W. St. Mary's County Admitted - November 9, 54

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WITH UNFADING INK. Supply every item of information carefully. The kimportant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, is especially

MARGIN RESERVED FOR BINDING

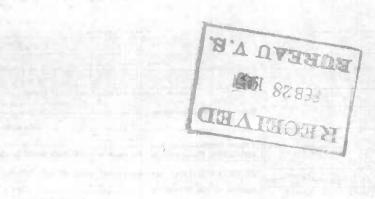
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-5

01313

CERTIFICATE OF DEATH

County Anne Arundel				(For newborn Infants give residence of mother)		
City or town. CTOWNSVI. Description (If outside city of fovn limits, write RURAL and give nearest town) How long in above place of death? 1 month, 3 days Hospital, institution, or street address where death occurred:			URAL and give nearest town) 3 days	State Maryland County Dorchester City or town Lakewood (If outside city or town limits, write RURAL and give nearest town) Unknown		
Crov	vnsville S	State		Street No. (If rural, give L	OCATION)	
How long In hospital or	r institution?1 mc	onth,	3 days	2.(a) If veteran, name war		
3.(a) FULL NAME COLEMAN - FRANK				3. (b) Social Security Number unknown		
4. Sez 5. Color or race 6.(a)Single, married, widowed, or divorced			, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	black	si	ngle	20. DATE OF DEATH. February 23	45	4:00P
	2006) If alive, give ageyears	21. I CERTIFY that death occurred on the date above January 3 19. 1 and that I last saw h im alive on Fel	stated; that I attended dece 5toFeb cruary 23	2319.45 18.45
8. AGE: Years 39	Months	Days nown	If less than one day	Immediate cause of death		known to us since
9. Birthplace Maryland (Lynsbony) (Town, county, and state) 1D. Usuat occupation Laborer			ate)	Due to		1/17/45
11. Industry or business				Due to		• • • • • • • • • • • • • • • • • • • •
불 12. Name. J	oe Colema Maryland			Dther condilions		
				(Include pregnancy within 8 months of death)		
14. Maideo name Sarah ? 15. Birthplace Maryland			***************************************	Major findings of operations.		
					Date of op	
16. teformant Hospital Records				PHYSICIAN: Please underline the cause to which		
Address CI	cownsville	e, Ma:	ryland	22. VIOLENCE: If death was due to external cause		
17	Tall Which?	Date there	(month) (day) (year)	Accident, suicide, or homicide.		
Cometery or cremetory Hoadlac			e. 1	Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?)		
			All 2			
Location	0000	M -	6/-	Means of injury	tplured at work?	
19. Funerat director	eypo	1100	pal	means of tiller	1-	
Address	V			23. SIGNATURE - SI	Thister	and .
19. (Date rec li by re	6 19.4 3	- 2	7707Ce Registrar	Address Cpownsville, Ma		or other 2/23/45



Cvides	ice for addition to
cause	of death on Film March 21, 1945.
G 93,	March 21, 1945.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

3. (b) Social Security Number

CERTIFICATE OF DEATH

-	E OF BEATH	Reg. Dist. No.
	2. USUAL RESIDENCE (HOME. (For newborn infants give residence	of mother)
	City or town Causelit	County
	Street No.	give LOCATION)

MEDICAL CERTIFICATION

3. (a) FULL N	IAME	Regis	rald	Bia	ndell	1
4 Ser	5.	Color of race	8.(a)Sing	rte, married, wi	dowed, or divorces	

deceased (mo., day, yr.) If less than one day

11. Industry or business

t4. Malden name.

(Burial, cremation, or removal. (month) (day) (year)

Registrar

injured at home, farm, industry, public place (where?) ...

20. DATE OF DEATH..... 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

acceden (Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

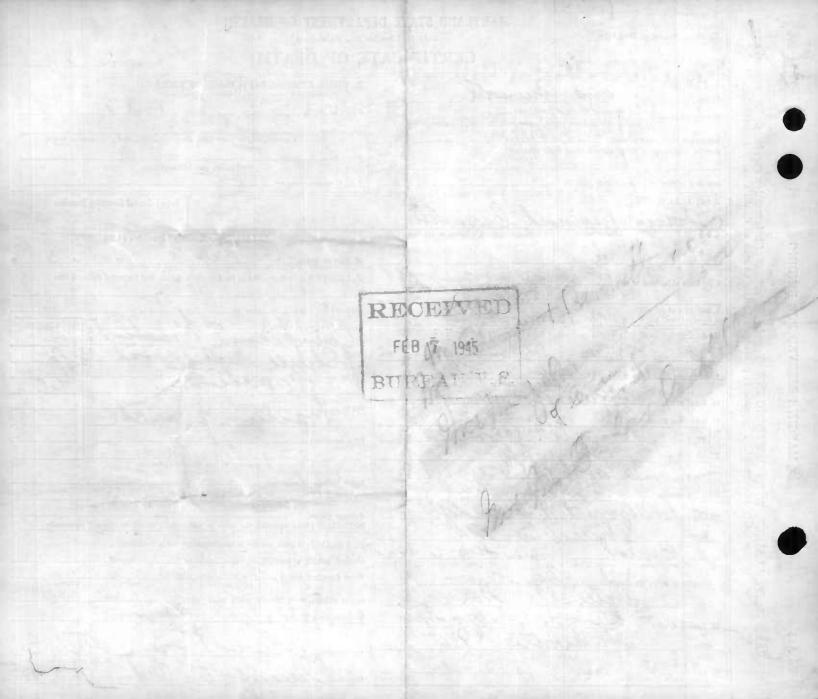
22. VIOLENCE: If death was due to external causes, fill to the following: Accident, suicide, or homicide.

Where did injury occur? ... Churchton Road (City or town) (County)

Injured at work?

. Dato signed.

DURATION



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

			•	1
leg.	Diat.	No.	2	l

CERTIFICA	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: The French	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give resigience of mother)
City or town	City or town The Bours R.F. N# 2 Cumpfico
How long in above place of death? Access where death occurred:	(If outside city or town limits, write RURAL and give nearest town) Street Ne
How leng in hespital er institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Charles Crow well	3. (b) Social Security Number
4. Sex 5. Celor er race 6.(a) Single, married, widowed, sor divorced Well Colored Secret:	MEDICAL CERTIFICATION
were towner outfor	20. DATE DF DEATH TO 3 19 75 , al T - 2 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of S. (c) If the give age	
deceased (me., day, yr.) October 42 1944	Immediate cases of der la DURATION
8. AGE: Years Months Days If less than one day	A CONTRACTOR OF THE CONTRACTOR
7 hrs,mln.	Joseph Varimoura 48 kg
8. Birthplace (Town, county, and etate)	Due te
1D. Usual occupation	
11. Industry or business	Due to
	Dther cenditiens
12. Name Charles Tow will 13. Birthplace Steedewon Ca Co Trud	
14. Maiden name Filian Hunt-	(Include pregnancy within 8 months of death) Major findings of operations.
\$ 15. Birthplace fit. Co Mar 15 F B # 2 Clean of The	A
16. Informant Filleau Hunt - Wolfe	Actopsy results
Address Sucherges alla mole.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof Feb. 6 1945	22. VIOLENCE: If death was due to external causes, fill in the fellowing;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or comploys	Where did injury occur?
Location December 1	Injured et home, farm, Industry, public place (where?)
19. Funeral director.	Modern St. Hijurga at Hork?
19. Feb. 50 145 W - Jonney	23. SIGNATURE
(Date rec'd by registrar) Registrar	Address Delecapoles les Date signed 4.3/4.5

VS A15

PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HIALTON

HELENE STADISTING

FEB 7 1945
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93-CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The co (For newborn infants give residence of mother) (If outside city or town mits, write BURAL and give nearest town) City or town.... (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?.... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number RGIN RESERVED FOR BINDING causes item of S.(b) Name of husband or wile..... Law 7. Birth date of deceased (mo., day, yr.) Supply Immediate cause of death It less than one day 8. AGE: ADING INK. (Town, county, and atate) 10. Usual occupation...... 11. Industry or business 12. Name..... important. 13. Birthplace (Include pregnancy within 8 months of death) 14. Malden na S 15. Birthplace 14. Malden name. Major findings of operations..... especially 16. Interment PLAINLY PHYSICIAN: Flease underline the cause to which death should be charged statistically. Address Where did injury occur?(City or town) WRITE (County) injured at home, tarm, industry, public place (whera?) injured at work?

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, sujeide, or homicide.....

Means of Injury

EASE

(Date rec'd by

pe dila

PLEASE

VS A15

Address

Location ...

Burial

Cemetery or crematory

(Date rec'd by registrar)

(Burlal, cremation, or removal. Which?)

18. Funeral director Ethel L. Hicks

Evidence	for change	of	MARYLAND STATE DE	P.
	ceased is		on 2411 N. Charle	8
FILM No G 9	4 APR 13	3 1945	CERTIFICAT	E
1. PLACE OF DEA			Country	1
County	Ainte A	Tarract	000103	
City or town(If o	Annapolls outside city or town lin	mits, write I	URAL and give nearest town)	1
How long in above place	of death? All	his !	life	1
	Leet St. A	nnapo.	IS Ma.	1
How long in hospital or	Institution?	(3(3(3)(3)(3)	(*/*, *) = */*/*/	1
3. (a) FULL NAME				_
	Charl	les Der	mi.s	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	
M.	Colore	ed	Married	
6.(6) Name of husband				2
7. Birth dale of deceased (mo., day, ye	.) March	6.0	e) If alive, give age	a
8. AGE: Years 71-72		Days	It less than one day	1
9. SirthplaceAnr. 1B. Usual occupation	lal	A. A. A. oonty, and oorer	. Co.	 D
11. Industry or business				
12. Name	Edward De Eastern		Md.	D
H 14. Malden name		9		M
	Easterns Sara L. I		u.	
10. Intochiant	• • • • • • • • • • • • • • • • • • • •		-74 - 16	A
Address 51	Fleet St.	Annap	OLIS I C.	P

Breur Hill Cemetery

45 Northwest St. Annapolis Md.

West St. Extd.

ARTMENT OF HEALTH

St., Baltimore

01317

TE OF DEATH	Reg. Dist. No. 2/
2. USUAL RESIDENCE (HOME (For newborn infanta give residence	OF DECEASED:
Slate Maryland	
City or town. Annapolis Mc	mits, write RURAL and give nearest town)
Street No. 51 Fleet St.	
	rive LOCATION) Ione
	3. (b) Social Security Number 218-14-3446
MEDICAL 20. DATE DE DEATH FUR	CERTIFICATION 4 19.45 at 10 A.
	above stated; that I altended deceased from
Immediate cause of death	his Vascules Duration
Bue to	
Due to.	
Diher conditions	
(Include pregnancy within	3 months of death)
Major findings of operations	
•	Bate of op
Antopsy results	which death should be charged statistically.
22. VIOLENCE: If death was due to external	causes, fill in the following;
Accident, suicide, or homicide	Bale ot
Where did Injury occur?(City or tow	n) (County) (State)
Injured at home, farm, industry, public place	(where?)
Wasan of taken	falson to hand

2/8/45 (month) (day) (year)

RECEIVED
FEB 12 1945
BUREAU

2411 N. Charles St., Baltimore 95-

(1318

CERTIFICATE OF DEATH

1	CERTIFICAT	Reg. Diat. No.
	1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbory infants pive residence of mother) State
	How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
	How long in hospital or institution?	2.(a) If veteran, name war
	3. (a) FULL NAME 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
4	Kem Colored wielow	MEDICAL CERTIFICATION 20. DATE OF DEATH
	6.(b) Name of husband or wife CAMC CAMC Give age years 7. Birth date of deceased (mo., day, yr.)	21. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated. 1. I CENTY that feath occurred to the date about stated to the date ab
	8. AGE: Years Mootha Daya If less than one dayhrsmin.	Aut Welation & Heart Outle
	9. Birthplace (Toyal, county, and state) 10. Usual occupation	Due to. Caldiac actions 12922
4	11. Industry or business 12. Name Augusta 13. Birthplace	Other conditions
	14. Malden oame at large the state of the st	Major findings of operations
	18. Interman Olivabeth Halpins Address 391 Olevant	Autopsy results
	(Burlal, cremation, or removed Which?) Date thereof (Tooth (Jay) (year)	Accident, suicide, or homicide
	Location Location	Where did injury occur? (City or town) (County) (State) Injured at home, farm industry, public place (where?)
	18. Funeral director	Means of Injury Injured at work? Construction of the Description of the Description of the Construction of
	19. Feld 2 b 19 45 West Smith Registrar	23. SIDATUS Address Assaugholis Phil Date signed 2/26/45

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 250

01319

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or iown	State County County
How long in above place of death?	City or jown (If outside city or town limits, write RURAL and give nearest town)
Hospital institution, or street address where death occurred:	
Dr. and Olivac	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male colore wiglow	20. DATE OF DEATH OF COV. 2 19/15 11 2/45
8.(6) Name of husband or wife. Della Doctor	21-1 CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and Wat I last saw h Land alive on ten 2 19.99.
deceased (mo., day, yr.) Het. 28 1801	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Ω Ω Ω Ω Ω
65min.	
Ser. (Hivel	
9. Birthplace	Due to The al Ha Pellinger (1/20)
10. Usual occupation. Authorities	Lacerd Ha Records / gas
	Due to
11. Industry or business	-
12. Name 12.	Dther conditions
13, Birtiplace	(Include pregnancy within 8 months of death)
14. Maiden name Lachiel Tyding?	
15 Sirthplace Chacle	Major findings of operations
William Massey	- Data of op.
16, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / arte gra-	
17 But all Date thereo CY 45 5 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal Which?)	Accident, suicide, or homicide
Cometery or crematory	Where did injury occur?
Location Annual 1977	Injured at home, farm, Industry, public place (where?)
Charles offered	Means of Injury Injured at work?
18. Funeral director	100001
Address / Whyselesson	- La Santon Al
Fale 3 US me donnelle	23, SIGNATURE M. D. or other
19. (Date ree'd by registrar) Registrar	Halone XIAN 0-18th hat Bate elegand 212148

RECEIVED
FEB 5 1945
FUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 304

CERTIFICATE OF DEATH

information carefully. The coof death clearly and legibly.

ADING INK. Supply every item of Physicians: please write the causes

WITH UNFA

WRITE PLAINLY,

PLEASE

MARGIN RESERVED FOR BINDING

		10
Reg.	Diat.	No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Crownsville	State Maryland County	
City or town		
nospital, institution, or street address where death occurred:	Street No. 1200 Waldo Street	
Crownsville State Hospital	(If rural, give LOCATION)	
How long in hospital or institution? How long in hospital or institution?	2.(a) If veteran, name war	
3.(a) FULL NAME FIELDS - SADIE	3. (b) Social Security Number	
	unknown	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female black married	MEDICAL CERTIFICATION	
remare black mailed	20. DATE DF DEATH February 23 1945 at 4:00P	
6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of 1006 (c) If alive, give age unknown	November 6 19 44 10 February 23 4	
7. Birth date of deceased (mo., day, yr.) 1906	and that a size, size it.	
8. AGE: Years Months Days If less than one day unk. unkmin.	General Paresis Outstanding DURATION 32 mos	
unknown		
(lown, county, and state)	Uge 10	
10. Usual occupation	Que to	
11. Industry or business unknown	Use 10	
質 12. Name unknown	Other conditions	
12. Name unknown 13. Birthplace unknown		
14. Maiden name unknown	(Include pregnancy within 3 months of death)	
14. Maiden name unknown unknown	Major findings of operations.	
16. Informant Hospital Records	Antopsy results	
Address Crownsville, Maryland		
17 buried (Burial, cremation, or removal, Which?) Bate thereof Feb. 27, 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
	Accident, Suicide, of nomicide	
Cemetery or crematory Mt. Calvary	Where did injury occur?	
Location Anne Arundel County	fnjured at home, farm, lodustry, public place (where?)	
1B. Funeral director Mrs. Ida. Bailey	Means of Injury Injured at work?	
Address 1421 Jefferson St., Balto., Md.	DAYN Alm Ferois	
10 2/24 45 - E7 force	23. SIGNATURE M., D. or other	
(Date rec'd by registrar) Registrar	Address Crownsville, Maryland Date stered 2/23/45	

THE SERIE OF THE SERIES

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother New Jone in above place of death? Hospital, institution, or street address where death occurred: (If rural give LOCATION) information of death cles How long in hospital or institution?.. 2.(a) If veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or lace 6.(a)Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING mal 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above slated: that I altended deceased from 8.(b) Name of husband or wife..... .6.(c) If alive, give ageyears deceased (mo., day, yr.) 8. AGE: If less than one day d In. Usual occupation. 11. Industry or business WITH UNF important. (Include pregnancy within 3 months of death) Major findings of operations..... 2 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill to the tollowing; Accident, suicide, or homicide..... Where did injury occur?(City or town) WRITE Injured at home, farm, industry, public place (where?) Injured all work? Means of Inlury 18. Funeral director..... Address 23. SIGNATURE Date signed

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BUREAU V.S

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (940) 01323 CERTIFICATE OF DEATH Reg. Diat. No. cor 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city of town limits, write RURAL and give nearest town) carefully. n limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occored: (If rural, give LOCATION) information of of death clear How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race MEDICAL CERTIFICATION causes ARGIN RESERVED FOR BINDING male 20, DATE OF DEATH ... 21. I CERTIFY that death occurred on the date above-tied; that I attended deceased from S.(c) If alive, give age 7. Birth date of Nai deceased (mo., day, yr.) Supply lease wri DURATION Immediate cause of death 8. AGE: Months INK. ADING INK. 9. Birthplace... (Town, county, and state) 1D. Usual occupation. 11. Industry or business 12. Name..... important. 13. Birthplace (Include pregnancy within 8 months of death) 14. Maldeo name Major findings of operations..... 15. Birthplace PLAINLY PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof.... Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? WRITE (City or town) injured at bome, farm, industry, public place (where?) Injured at work? Means of Injury PLEASE M. D. or other

BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

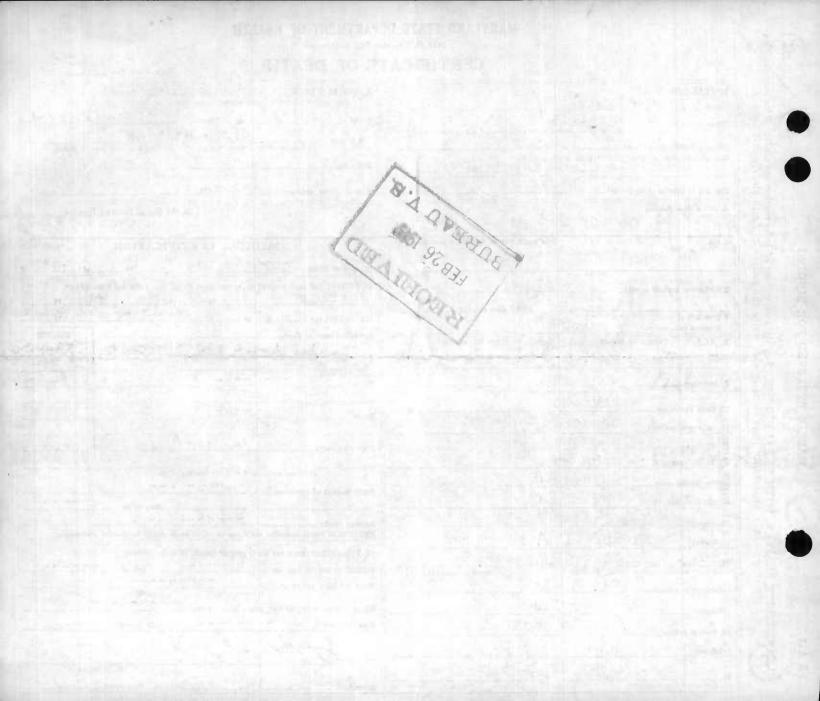
2411 N. Charles St., Baltimore



01324

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Anne Arundel Crownsville			2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewborn infants give residence of mother) State Maryland Prince Goerge's	
		le		
(If c	ntside city or town l	mits, write RURAL and give nearest town)		
How long to above place of death? 13 days		3 days	City or town	
Hospital, Institution, or	street address where	death occurred: te Hospital	Street No. unknown	
			(If rural, give LOCATION)	
How long in hospital or	Institution?	3 days	2.(a) If veteran, name war. unknown	
3. (a) FULL NAMI		- JOHN FRANCIS	3.(b) Social Security unknow	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	black	married	20. DATE OF DEATH February 22 19. 45	7.1579
		unknown	February 9 10.45 in Feb. 2	2 to 45.
7. Birth date of	7 0		and that I last saw h. imalive on February 22	
deceased (mo., day, y	***	Bays It less than one day	Immediate cause of death	DURATION
01 11021			General Arteriosclerosis	Known to
76	unk.	unk	<u>~~~</u>	us since
9 Biribniace	unkno	W.D. county, and state)	Rue to	2/9/45.
a. Butnylave	(Town,	county, and state)	Sue IV	· · · · · · · · · · · · · · · · · · ·
18. Usual occupation	11/18/11/1	wn		**
11. Industry or business	unkno	wn	Due to	
至 12. Name	unkno	wn	Other conditions Senile Psychosis	known to
12. Name unknown 13. Birthplace unknown		wn		us since
			(Include pregnancy within 8 months of death)	2/9/45
14. Maideo game unknown 15. Birthplace unknown			Major findings of operations.	
国 15. Birthplace	unkno	wn	Bate of op.	
16. Informant	Hospital	Records	Autopsy results.	***************************************
(Yman, and 2.2 a 3/a		lle Margland	PHYS1CfAN: Please underline the cause to which desth should be charged	
			22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Buried (Borial, cremation, or removal. Which?) (Borial, cremation, or removal. Which?)		Bate thereof Feb. 28, 194	.5 Accident, suicide, or homicide	
Cemetery or crematory St. Simon			Where did injury occur?	(State)
Location Cr	coom, Mar	yland	Injured at home, farm, industry, public place (where?)	
J R Johnson			Means of Injury ————————————————————————————————————	
18. Funeral director		***************************************	- Allah	0
Address	Annapol	is, Maryland	23. SIGNATURA SI SIGNATURA	rose
10 / 23	. 45	5.7. Joya,	М. D.	or other
19. (Date ree'd by registrar) (Date ree'd by registrar) (Date ree'd by registrar)			Grownsville Maryland out of	2/22/15



EVIDENCE for change of age MARYL ND STATE DEPARTMENT OF HEALTH shown on Film G92 2-16-45; 2411 N. Charles St., Baltimore 5.0 also affida it, Film G92 2-14 CERTIFICATE OF DEATH R Form 99 Green 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Anne Arundel (For newborn infants give residence of mother) County..... Crownsville State Maryland County -----(If outside cit; or town limits, write RURAL and give nearest town) Baltimore City
(If outside elty or town limits, write RURAL and give nearest town) Now tong in above place of death? 4 months, 23 days Hospital, Institution, or street address where death occurred: 908 Jordan Street Crownsville State Hospital (If rural, give LOCATION) How long in hospital or institution? 4 months, 23 days information of death cles 2.(a) If veteran, name har unknown 3. (a) FULL NAME ROBERT 3. (b) Social Security Number GRIFFIN MEA OX 11 unknown 5. Color or race 6.(a) Single, married, widowed, or di MEDICAL CERTIFICATION item of i MARGIN RESERVED FOR BINDING male black married February 8 21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from 6.(b) Name of husband or wife Evelyn Griffin 19.44 to February 8 10.45 September 15 common-law wife) 6.(c) If alive, give agunknown and that I last saw h im alive on February 8 7. Birth date of April 10 1904 deceased (mo., day, yr.) DURATION 8. AGE: If less than one day General Paresis known to Texas UNFADING INK. 9. Rirthplace... (Town, county, and state) 10. Usuat occupation Lahorer unknown 11. Industry or business unknown unknown mportant (Include pregnancy within 3 months of death) 14. Malden ma unknown 14. Malden name..... Major findings of operations unknown Hospital Records 16. Informant PLAINLY PHYSICIAN: Please underline the cause to which death should be charged statistically. Crownsville. Maryland Address 22. VIOLENCE: If death was due to external causes, fill in the following: buried
(Eurial, cremation, or removal, Which?) Date thereof Feb 1/ (month) (day) Accident, suicide, or homicide......... Mt. Calvary Where did Injury occur? (City or town) (County) Anne Arundel County injured at home, farm, industry, publicy place (where?) Means of Injury Robert L. Young ASE Address 804 N. Caroline St. Balto .. Md Registrar | Address Crownsville Maryland Date signed 2/8/4

01326

2411 N. Char	eles St., Baltimore 107
CERTIFICA	TE OF DEATH Reg. Diat. No. 23
1. PLACE OF DEATH: Couaty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Just Just	The 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20; DATE OF DEATH 20; DATE OF DEATH 21 4
8.(6) Name of husband or wife	21. I GERTFY that reath occurred on the date above stated; that Lattended deceased from 19. 21. I GERTFY that reath occurred on the date above stated; that Lattended deceased from 19. 21. I GERTFY that reath occurred on the date above stated; that Lattended deceased from 19. 21. I GERTFY that reath occurred on the date above stated; that Lattended deceased from 19. 21. I GERTFY that reath occurred on the date above stated; that Lattended deceased from 19. 21. I GERTFY that reath occurred on the date above stated; that Lattended deceased from 19. 21. I GERTFY that reath occurred on the date above stated; that Lattended deceased from 19. 22. I GERTFY that reath occurred on the date above stated; that Lattended deceased from 19. 22. I GERTFY that reath occurred on the date above stated; that Lattended deceased from 19. 22. I GERTFY that reath occurred on the date above stated; that Lattended deceased from 19. 22. I GERTFY that reath occurred on the date above stated; that Lattended deceased from 19. 22. I GERTFY that reath occurred on the date above stated; that Lattended deceased from 19. 22. I GERTFY that reath occurred on the date above stated; that Lattended deceased from 19. 22. I GERTFY that reath occurred on the date above stated; that Lattended deceased from the date above stated in the date ab
8. AGE: Years Moathe Bays If less than one day	Leve Bue to
10. Usual occupation	Bither coadilities ONIMANOUP TEE
14. Maideo aame De Millang Lucul. 15. Birthplace Glenfunie M. d.	(Include pregnancy within 3 months of death) Major findings af operations
18. Informat MMa Remother Address Then have M. J. 19-1945	Antopsy results
(Burial, cremation, or remoyal. Which?) Cemetery or crematory Comparison of the state of the s	Accident, suicide, or homicide
18. Fueral director Shomas Whingleton Address Slew Burnse, md.	lajured at home, farm, jaduktry, public place (where?) Meaos ol injury Injured at work?
19. Heb. 19 19. H5 mpealla Negistrar)	23. SIGNATURE M.D. or other W. Date signed With a light of the signed with the

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MARGIN RESERVED FOR BINDING

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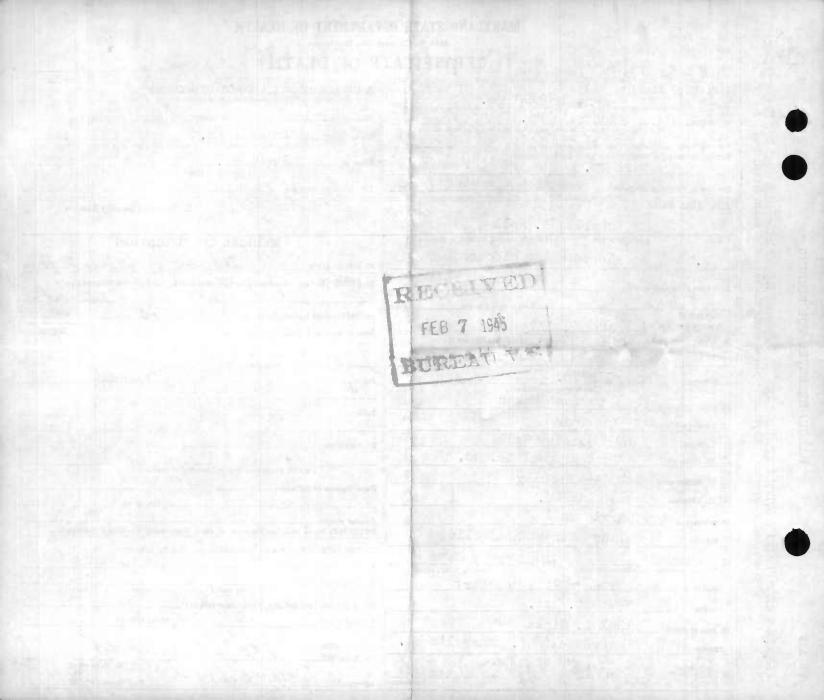
Evidence for change of

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Anne Arundel Co. Annapolis Md. (If outside city or town limits, write RURAL and give nearest to	(Van namban in fanta nine maidanne af mattan)
y or town Annapolis MG. (If outside city or town limits, write RURAL and give negrest to	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give rosidence of mother)
	state Maryland county Anne Arundel
w long in above place of death? All his Life	City or town Annapolis Ed. (If outside city or town limits, write RURAL and give nearest town)
spital, institutioo, or street address where death occurred: 36 Calvert St.	Street No. 36 Calvert St.
w long in hospital or institution? <u>************************************</u>	(If rural, give LOCATION) 2.(a) If veteran, name war
(a) FULL NAME	3. (b) Social Security Number
Charles E. Hall	None
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. Colored Widower	20. DATE OF DEATH. 2 / 2 19.45 at 2 A
	20. DATE OF DEATH
(b) Name of husband or wife	
Birth date of	and that I last saw h. Ann. alive on 2/2/9.5 19
deceased (mo., day, yr.) July 7, 1875	Immediate cause of death
AGE: Years Months Days If less than one day	
-76 69-70 hrs	min. / hlasselyne 6 brelis - Variato
Birthplace Annapolis Md. (Town, county, and state)	Due to 1
. Usual occupation	
industry or business None	Due to
12. Name John Wessley Hall	Differ conditions
13. Birthplace Anne Arundel Co. Md.	
14. Maiden name Rebecca Hemsley	(Include pregnancy within 3 months of death)
14. Maiden name Rebecca Hemsley 15. Birthplace Annapolis Md. Informant Mrs Carrie Hall	Major findings of operations
Informant Mrs Carrie Hall	Date of op.
o/ a 7 Otmost Annanalie Ma	
	22 VIOLENCE: if death was due to external causes, fill in the following:
Burial Date thereof 2/5/ (Burial, cremation, or removal, Which?) (month) (day) (ye	Accident, suicide, or homicide
Cemetery or crematory Rreur Hill Cemetery	Where did injury occur?
West St. Ext.	
Fueeral director Ethel L. Hicks	Means of Injury
Address 45 Northwest St. Annapolis	id. 16/1/ km/
CL C IIC TOWN	23. SIGNATURE M. D. or other



age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consistencially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

01328

CERTIFICA	TE OF DEATH Reg. Dist. No. 28	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore City City or town Baltimore Maryland (If outside city or town limits, write RURAL and give nearest town) Street No. 600 Collett Street (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
HAMTI TON TRANTE		
HAMII.TON - JENNIE 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female black married	20. DATE OF DEATH. February 2, 1945 19 at 10:15	
8.(6) Name of husband or wife	and that I last saw h.G.Calive onF.B.D.L.U.B.L.y	
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis Two months	
9. Birthplace	Due to	
12. Name	Other conditions Mental Deficiency With Psychosis (Include pregrancy within 8 months of death) Major findings of operations.	
Address Crownsville, Maryland 17. (Burial, cremation, or removal. Which) Cemetery or crematory. (myonth) (day) (year) Location 18. Funeral director. Address	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 11. Injured at works M. D. or other	
19. Hate rec'd by registrar)	ar Address	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

eg. Diat. No. 28

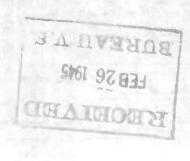
1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Charles		
Crownsville (If outside city or town limits, write EURAL and give nearest town)			
	City or town		
How long in above place of death?2			
Crownsville State Hospital	Judget MO		
How long in hospital or institution? 2 months , 4 days	(If rurat, give LOCATION)		
	2.(a) If veteran, name war		
3.(a) FULL NAME HARRIS - EDITH V.	3. (b) Social Security UNKNOWN		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female black married	20. DATE DF DEATH February 15 19 45	at 4:45A M	
6.(6) Name of bushand or wife Timothy Harris	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from	
7. Birth date of 1007	December 11 1944 6 Febuary	Y 1219 42	
7. Birth date of deceased (mo., day, yr.) 1897		194x.5.	
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION	
48 hrsnin		5 days	
9. Birthplace. Maryland (Town, county, and state)	Due to.	***************************************	
10. Usual occupation	Due to		
11. Industry or business			
12 Name Joseph Posey	Other conditions Organic Brain Disease	known to	
13. Birtholace Maryland		us 2 mos	
14. Maiden name Julia Jackson	(Include pregnancy within 3 months of death)	-	
	Major findings of operations.		
	Date of op.		
16. Informant Hospital Records	Aotopsy results	••••••	
Address Crownsville, Maryland	PHYSICIAN: Please underline the cause to which death shoold be charged	statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or relogical, Whileig) Date thereof 7 (45) (month) (day) (year)	Accident, suicide, or homicide		
MANNEY 52	Where did injury occur?	•••••	
Complete or grounding	(City or town) (County)	(State)	
Cemetery or ecomplety			
Location Charles Co Tul	Injured at home, fagn, industry, public place (where?)		
location Charles Co Tul	Injured at home, farm, industry, public place (where?)		
Location Charles & Mathews 18. Funeral director Barnes & Mathews	Injured at home, facen, industry, public place (where?) Means of injury — lajured at work?	. 0	
location Charles Co Tul	Injured at home, farm, industry, public place (where?) Means of injury ———————————————————————————————————	or other	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conist especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH 01330 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH Reg. Dist. No. 2 1. PLACE OF PAR 2. USUAL RESIDENCE (HOME) OF DECEASED: write RURAL and give nearest town) (If outside city on town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: information of death cles How long in hospitat or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION mde BINDING FOR 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause of death 8. AGE: Years MARGIN RESERVED 10. Usual occupation. 11. Industry or business (Include pregnancy within 3 months of death) 14. Maiden na 15. Birihplace 14. Maiden name. Major findings of operations..... PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide..... (day) (year) Where did injury occur?(City or town) WRITE injured at home, farm, industry, public place (where?) Means of Injury 23. SIGNATURE Registrar Date signed..... Address.



99

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33)

01333

CERTIFICATE OF DEATH

Reg. Diat. No. 2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County anne anne	Many level land land of
City or town (If outside city or town limits, write RURAL and give nearest town)	Slate County Www. County Work
	(If outside city of town limits, write URAL and give nearest town)
How long in above place of death?	
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Cora Catherine	Huwey 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Willow	20. DATE OF DEATH 2 et 2 of 19 45,5, at 6 Q
B, (b) Name of husband or wife Livinge W. Harvey	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	Sept 1 19 44 to Jet 24 19 40
7. Birth date of Sune 4lls / 8 7 J	and that I last saw h 1 alive on 2 2 3 13 45
usceased (mu., us), yr.)	Immediate cause of death DURATION
3. AGE: Years (Months Days If less than one day	mucocality chip mysorlaid unbou
69 8 20 mm. hrs	in. Infoffering
Brithplace Waslies y ten A.C.	
(Towy county, and state)	Due to leux to leux
O. Usual occupation notice	
1. Industry or business	Due to
	Pad as liver who
12. Name	Other conditions
	(laclude pregnency within 3 mouths of death)
14. Maiden name agatha Hervey 15. Birthplace Washing Im & C.	
15. Birtholace Avashing tim D.C.	Major findings of operations.
200 Quantitation Q	
6. Informant Mis Jevi ge M. Harvey	Autopsy results.
Address Bay Refue a a Co Mil.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
a state of the sta	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Whighth) Bate thereof Felly 27 - 194 (mooth) (day) (yeer)	Accident, suicide, or homicide
Cometery or crematory Mt Olivet	Where did injury occur?
Made According to	
Location / Collins Long V	tnjured at home, farm, tndustry, public place (where?)
18. Funeral director John M. Jaylor	Means of Injury Injured at work?
Address Amajorla Ded	4-01 C 13 - 1
5.1 211 11 50844	23. SIGHATURE M. D. or other
, rev 24 , 43 / Tomus	1. 11. 11- ny 2 7"
(Date rec'd by registrar) Registrar	ar Address

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FEBREAU V.B.

CONTRACTOR OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH & 2411 N. Charles St., Baltimore (3-b) CERTIFICATE OF DEATH Reg. Dist. No. ... 1. PLACE OF DEATH: legibly. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborninfants are residence of mother) County carefully. How long in above place of death?.... (If outside city or town limits, write RURAL and give nearest town) clearly a Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) information of of death cles How long in hospital or inetilution?.... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION BINDING of 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from .6.(c) If alive, give age MARGIN RESERVED FOR 7. Birth date of Supply deceased (mo., day, yr.) DURATION If less than one day 8. AGE: Dave Physicians: ADING 10. Usual occupation. 11. Industry or business 12. Name. UNF important. 13. Birthplace 14. Malden na (Include pregnancy within 3 months of death) 14. Malden name Major findings of operations..... PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 17. (Burial, cremation, or removal. Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur?(City or town) WRITE Injured at home, farm, Industry, public place (where?) Means of Injury 18. Funeral director. Address 23. SIGNATURE.

RECEIVED
MAR 8 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

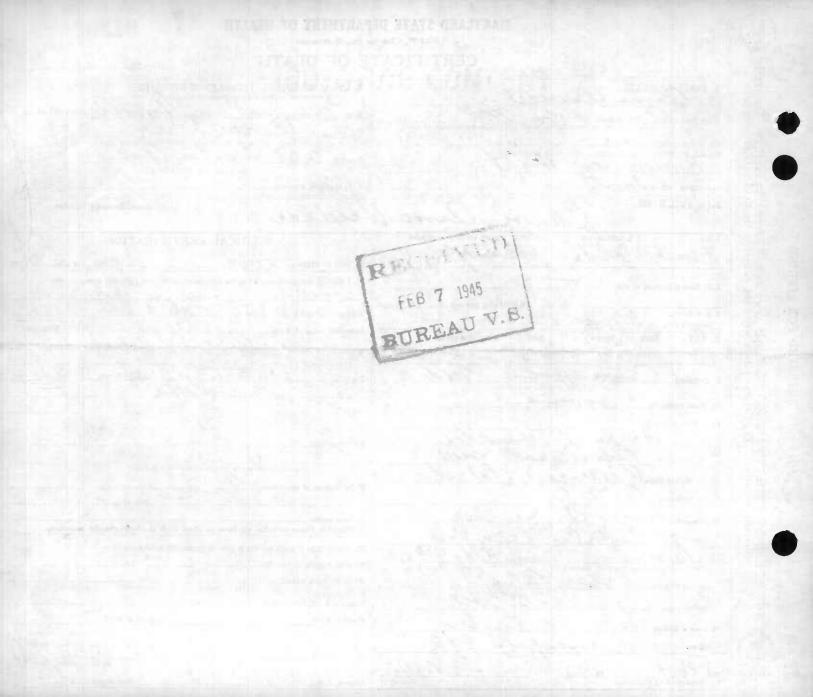
2411 N. Charles St., Baltimore 107

01332

	CERTIFICATE OF	DEATH	Reg. Dist. No. 21
1. PLACE OF DEATH: County City or town. (If outside city of town limits, write RURAL and How long in above place of death? How long in above place of death? How long in hospital or institution? How long in hospital or institution?	State	0181701	write RUFAL and give nearest town)
3. (a) FULL NAME Carol	ann Her	dler	3. (b) Social Security Number
female White 6.(a) Single, maybed, w	ne	MEDICAL CE	ERTIFICATION
7 23	we age years whan one day where we will be to be	dillons (Include prognancy within 8 m	DURATION Gaune Again Again
16. Informant Harry Z. Heidl Address 208 Layler One Redan	PHYSICI 22. VIOL Accident, Where die	ENCE: It death was due to external caus suicide, or homicide	sich death should he charged statistically. ses, till in the tollowing: Date of (County) (State)
18. Funerat director. John M. January M. Jan	Injured at Means of 24 & . 23. SIGM	(00000xx	injured at work? Left M. D. or other Bate signed.

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MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

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(?	1	0	U	4	

Reg. Dist. No. 2

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
City or town. Annarolis Manuland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Two dave & Clinic visits			State Vinginia County King George					
City or town	If outsid	e city or town lin	mits, write R	URAL and give nearest town)	Dehleren			
How long in above pl	ace of de	ath? Two	1977	c Ulinic visit	City or town Dahlanen (If outside city or town limit	s, write RURAL and give	nearest town)	
Hospital, Institution,				***************************************	Street No	************************************	•••••	
					· (If rurai, give	(If rural, give LOCATION)		
		tution?L.TAX	9d.9.14.	3	2.(a) If veteran, name war			
3. (a) FULL NA	ME					3. (b) Social Securi	ty Number	
		NEVA	DILLI	EY HOYT		None		
4. Sex	5.0	Color or raco	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
Famala		White	Ma	nni od			T	
					20. OATE OF OEATH 3 Fehrmann			
B.(b) Name of husba					21. I CERTIFY that death occurred on the date ab			
******************************			B.(c) If alive, give age 20 year	11 January 18			
7. Birth date of deceased (mo., da	w wr.)	14 Deci	emhan	1915				
	2169	Months	Days	If less than one day	Immediate cause of death		The second secon	
	0			hrs	Fregnancy	```	Bi mo	
	1.4.1	T. L.	19					
9. Birthplace S	חדנונ	naven	MI J C	nlogn	Due to Acute Yellow Atrophy			
						Liver	3 davs	
			000000000000000000000000000000000000000	**************************************	Oue to	***************************************		
ff. industry or busin	ness	None						
문 12. Name	arl	E, D	llev		Other conditions			
13. Birthplace	M	ichigan	n		Pregnancy was undelivered (Inclede pregnancy within 3 months of death)			
14. Maiden nam	ma	Carrie	E. F	lorg				
5	T			······································	Major fiediegs of operations			
≥ 1 15. Birthplace	111	<u>inois</u>						
16. InformantG	hand	or D. 1	Howt,		Aotopey results Acanta Yallan	Atmorhamo	e Liver	
Address D)gh]	gren. 1	Virgi	nia	PHYSICIAN: Please underline the cause to w		ed statistically.	
		,			22. VIOLENCE: If death was due to external cau	-		
(Berial, cremati	ion, or re	moval, Which?)	Uate there	of 2 - 5 -45 (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crem	atory			•••••	Where did injury occur?(City or town)	(County)	(State)	
Location S	outh	Haven	Mt	chigan	11			
				ng		Injured at work?		
					D 1/9	- 6	7	
Address 70 -	-172	West	D+	Apparolis, Md	23. SIGNATURE Ceullele	eson, My	<i>L</i>	
10 Feb.	5	19 45	/	1-7. Much	0.16	0 4/ 101		
(Data rec'd by	registre	~ }		Registra	r sum dell'ent out de l'	S// Data signs	4	

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MARYLAND STATE DEPARTMENT OF HEALTH WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. 2411 N. Charles St., Baltimore 924)

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CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State
Now long in hospital or institution?	2.(a) Il veteran, name war
3. (a) FULL NAME 4. Sex 5. Color or race 8. (a) Single, married, fildowed, or diverced	Jackson 3. (b) Social Security Number
male cold married	MEDICAL CERTIFICATION 20. BATE OF DEATH
8.(c) Hame of husband or wite	and that I last saw have all voon The date above states; that I strenged accessed from 19.4 / 10. 4 / 19.4 / 2 / 19.4 / 2 / 19.4 / 2 / 19.4 / 2 / 19.4 / 2 / 19.4 / 2 / 19.4 / 2 / 19.4 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /
8. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state)	Due to terror Hypert son Sur
12. Name Prot. W. Jackson 13. Birthplace	Dither conditions
14. Maiden name Maria ———————————————————————————————————	Major findings of operations. Date of op.
16. Interment Maraa and Jacks	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which?) Cemotory or cramatory. Bate thereof. 2 - 2 7 4 5 (month) (day) (year) Cemotory or cramatory.	Accident, suicide, or homicide
18. Funeral director James a Starros Address 142 W. 1426 St	Injured at home, farm, Industry, public place (where?) Means of Injury Iojured at work?

VS A15

PLEASE

2/26
(Date /ec'd by registrar)

MARGIN RESERVED FOR BINDING

SE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly. AARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

()1336 Reg. Dist. No...2 /

		~~
1. PLACE OF DEATH: Offer to (Vancourse)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give fesidence of mother)	
City or town Near woodwardsville " Pura	State Manyland County amell	um das
(If outside city or town limits, write RURAL NEAR and give town) Street address, hospilai, or institution:	City or town (If outside city or town limits, write RURAL NEAR and give	rd No
	Street No.	
Stay in hospital or inst. (yrs., or mos., or days)	(If rural give LOCATION)	
Stay in this community (yrs., or mos., or days)	2 (b) S. J. C	VL
Shorulon I Jacks	3. (b) Social Security	Number
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male Colored maphiel	20. DATE OF DEATH Teluary 18 19 5	15, 121 M
(b) Name of husband or wife Suscer faction	21 I CERTIFY that death occurred on the date above stated; that taltended dece	sed from
6(c) I alive, give ageyears	Jeb / 3 18 99 , 10 July /	19 4 D
Birth dale of deceased (mo., day, yr.) Yune 2 - 1872	and that i last saw have allve on dilutation	19 4 5.
AGE: Years Joinths Days If less than one day	Immediate fance of death - Cormany	DURATION
/2 hrsmi	Thombres,	
Birthplace (Town, county, and state)	Oue to arleno Selavres	
. Usual occupation of R Track here	that we take	14
industry or business	Due to	7
12. Name Daniel Juskion	Other conditions Trumbulal Williams	
12. Name — Daniel Juckson 13. 8irthplace Marylan		
14. Malden name 2 4 / Chown	(Include pregnancy within 3 months of death) Major findings:	PHYSICIAN
15. Birthplace Marylan a	Of operations	Please underlin
Informant Many Juntum		death should be charged slatisti-
Address Oclaritoth and	Of autopsy	
(Burlal, cremation, or reproval. Which?) Oate thereof (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory Fork, alle Zion Church	When did tolor and	
Location hear woodendrapostle Ind	(City or town) (County)	(State)
B. Funerat director Flandon	Means of injury injured at work?	
Address Doure Mich	Bren. 11. 0	
2/10 50 87 /20	23. SIGNATURE AM DE REMIERY	op-ather
(Date rcc'd by registrar)		2-19:4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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	AVE. DIEC IVO mainiminiminiminiminiminiminiminiminimin
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Ceuoly A	(For newborn infants give residence of mother)
City or town. (If outside sity or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town Edgwald Country Herre
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Embrany Hospital	Street No. (If rural, give LOCATION)
1 13 1.64 2	
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Wm Jackson	
4. Sox 5 Color of race 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION 15
W/ Tolored	20, DATE OF DEATH Feb. 10 18 45 2140 A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19.65 10 FM 19.65
7. Birth date of	and that I last saw h. Lass. alive on
accessed (their agray).	Immediate cause of death DURATION
G. Add.	
hrs. min.	Oh Myrcardosis c
8. Sirthoface Casaduc	Due to Alexangianh 2 Wis.
(Town, county, and state)	
10. Usual occupation.	Due te.
11. Industry or business	
12. Name Ollo Jullan	Giber conditions
12. Name yulkiven	other conditions
	(laciude pregnancy within 8 months of death)
14. Malden name.	Major findings of operations
14. Malden name Sara Carr 15. Birthplaco unismoun	
a c. County some	
18. Informant	Autopsy results
Address Edgwaly Med.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Date thereof 25/1/73	
(Burisl, cremation, or removal, Which) Date thereof (month) (day) (year)	
Cemetery or crematory & Jounny Govern	Where did injury occur?
Location Edgewater list.	Injured at home, farm, todustry, public place (where?)
to A tonder to day	Means of Injury injured at work?
18. Funeral director.	0 2 4.4
Address Juliaville his	m. tikehoone ho
Fola In 45 The much	23. SIGNATURE. M. D. or other
(Date rec'd by registrar)	Address 3 1 Smh 5 Wh BW Dato signed 2/10/45

RECEIVED
FEB 14 1945
BUREAU V.S.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 107

CERTIFICATE OF DEATH

Reg. Dist. No.....

How long in above place of d Mospital, institution, or stre <u>Crownsvi</u> How long in hospitat or ins	Syjlle death? 4 y eet address where lle St	mits, write R P.S., 5. death occurred a t.e. H.C	URAL and give nearest town) .MO.S., 7. da.y.s. : Dapital .MOS., 7 days	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of restate Maryland Countries of the control o	nly	rest town)
3. (a) FULL NAME	JAMES	- ALIC	CE CE		3. (b) Social Security I	Number
4. Sex female 5.	black		e, married, widowed, or divorced single	MEDICAL CE	ERTIFICATION 545	3:15A M
The second state of the second			:) If alive, give ageyears	2t. I CERTIFY that death occurred on the date about the August	ve stated; that I attended decea 40 to Feb. 5 February 5	19. 45. 19. 45.
8. AGE: Years 60 ?	Months ?	Days	tf less than one day hrs	Immediate cause of death Bronchial Pneumo	onia	
9. Birthplace	unkno unkno unkno unkno	wn wn wn	itate)	Due to	SiS months of death)	42 yrs
ts. Birthplace 16. Informant HOSI	unkno	wn ecord:	3	Autopsy results	Date of og	
to Buried (Burial, cremation, or Cemetery or crematory. Bal	mt. timore W. C.	Auburr Auburr Mary hase a	rent Feb. 8, 1945. (month) (ddy) (year) Cemetery rland and Sons	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County) there?) Injured af work? M. D.	(State)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

01339

CERTIFICATE OF DEATH

Reg. Diat. No. 2/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Anne Arundel Co.	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Anne Arundel Co.
How long in above place of death?	City or town Annapolis Md. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
83 Washington St.	Street No. 83 Washington St. (If rurs), give LOCATION)
How long in hospital or institution? なながらなるななななななななななななななななななななななななななななななななな	2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
Robert Johnson	None
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Widower	20. DATE OF DEATH. Ful 16 19.45 at 11:15A
6.(6) Namo of husband or wife	21. I CERTIFY that death occurred on the dato above stated; that I attempted deceased from
7. Birth dato of	9/10 19.44 10 2/16 19.45
7. Birth date of deceased (mo., day, yr.) April 15. 1862	
8. AGE: Years Months Days If less than one day	Immediate cause of death
82 82 10hrsmin.	Essenone of Stomach 5 yes
9. Birthplace West River A. A. Co. Md. (Town, county, and state)	Due to.
(Town, county, and state) Janiter	
10. Usual occupation.	Due to
11. Industry or husiness None	
Hillary Johnson Hillary Johnson Lothian Md. A. A. Co.	Dither conditions
13. Sirthplace Lothian Md. A. A. Co.	
# 14. Maiden name Unknown	(Include pregnancy within 3 months of death)
	Major findings of operations
	Bate of op.
16. Informant Mr Hillary Johnson	Antopsy results.
Address 62 Washington St. Annapolis Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the tellowing:
17. Burial Date thereot 2/ 15/4 5 (Bortal, cremation, or removal. Whiteh?)	Accident, suicide, or homicide
Cemetery or crematory Fowlers Cemetery	Where did injury occur?
Location Parol e Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. Ethel L. Hicks	Means of Injury Injured at work?
Address 45 Northwest ST. Annapolis Md.	
7 1 10 11 - 15 1	23. SIGNATURE TREOTHE H. Johnson Mcl
19. Plus (Date rec'd by registrar) 19. 4.5 Registrar	Address 35 Mollwest Short Date signer 1/7/45

PETABLE TO TREATMENT OF BRAINS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

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V211111	Reg. Diat. No Quelland
1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
City or town Annapolis, Maruland (17 outside city or town limits, write RURAL and give nearest to How long in above place of death? Nospital, institution, or street address where death occurred: U. S. Naval Hospital, Annapolis, Md. Now long in hospital or institution? 26 days.	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 1007 Monroe 36.413 7 outside City or town limits, write RURAL and give nearest town (If rural, give LOCATION)
3.(a) FULL NAME KIRBY, John Edward	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorce Supplies Suppl	MEDICAL CERTIFICATION 20, DATE OF DEATH 13 February 19 45 at 1230 P.
8.(b) Name of husband or wife	
8. AGE: Years Months Days It less than one day 56 2 3 hrs.	Immediate cause of death Coronary occlusion 30 Min.
8. Birthplace Maryland (Town, county, and state) 10. Usual occopation. U. S. Navy 11. Industry or business	Due to Arterio scleratic heart disease with hypertension
12. Name William H. Kirby 13. Birthplace Maryland 14. Malden name A. R. Smith	Other conditions Fungus infection of foot (Include pregnancy within 3 months of death) Major findings of operations
16. Informant Wigs Awa Devis	Autopay results. Coronary occlusion PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1007 N. Wunnue St. 13alto. N 17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Howard Council Counci	Where did injury occur?
Location Hunapolts, Ind. 18. Funeral director Jahren III. January 1. January	Injured at home, farm, industry, public place (where?) Means of injury 23. SIGNATURE R.C. CROWELL, Lt.Comdr (MC) DUSN'IST

STRANG OF STREET SAME STATE CONTINUES

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MARYLAND STATE DEPARTMENT OF HEALTH PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legible.

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore 33-0

01341

CERTIFICA	Reg. Diat. No	2 J
1. PLACE OF DEATH: County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	earest town)
Mary Elizabeth Klis	u hun	٠
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Married.	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19.40	9 15 Q.
S.(b) Name of husband or wife S.	21. I CERTIFY that death occurred on the date above stated; that I attended de	
8. AGE: Years Mooths Days If less than one day 78 9 4hrsmir	Immediate cause of death Constant Bornows Lyc	BURATION 3 cm / Cm
9. Birthplace Baltimory nd (Town, county, and state) 10. Usual occupation Mossessory 11. Industry or business as homy.	Due to. Survey Colors Sulletona Due to.	244
12. Name Colly 13. Birthplace Baln. nd.	Other conditions	
14. Maiden name Souther Bonty.	Major findings of operations	010 0001 100 000 000 100 000 000 000 00
Address Glas Barrey my	Autopay results	d statistically.
(Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year) Cemetery or crematory	Where did injury occur?	(State)
18. Funeral director. Menue & System	Injured at home, farm, industry public place (where?) Means of injury Injured at work?	2- 6
19. Helf- 6 19.45 My Sealba Registrar)	1/30 a no	M.D. or other f-45./145



2411 N. Charles St., Baltimore 107

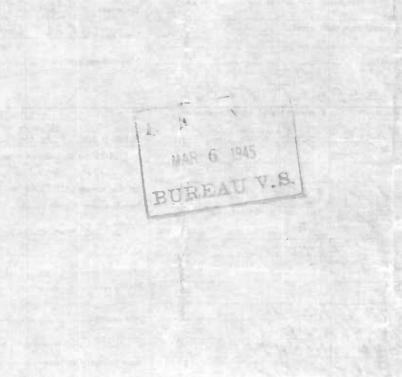
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CERTIFICATE OF DEATH

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	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street Ne. BEALE GROVE ROAD (If rural, give LOCATION) 2.(a) If veteran, name war.
	Z.(a) 11 veteran, name war
3. (a) FULL NAME JOSEPH J KOCH.	3. (b) Social Security Number
4. Sex 5. Coler er ruce 6.(a) Single, married, widowed, er divorced MALE WHITE SINGLE	MEDICAL CERTIFICATION 20. DATE OF DEATH FEBRUARY 20 1945 at 930 F
8.(b) Name of husband or wife 8.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
deceased (mo., day, yr.)	Immediate cause of death
9. Sirthplace (Town, county, and state)	Due to Score Bronchetis 40 aug
11. Industry er business 12. Name ANTHONY KOCH. 13. Birtholace MARYLAND	Other cenditiens
14. Malden name ROSE KUCHTA	(Include pregnancy within 8 months of death) Major findings of spershons
15. 8irthplace /3ALTO 19D 16. Informant ANTHONY KOCH Address BELLE GROVE BOAD	Antopsy results. PHYSICIAN: Ffense anderline the cause to which death should be charged statistically.
17(Burial, cremation, or removal, Which?) Cemetery or crematory. 1704 CROSS CE14	22. VIOLENCE: If death was due to external causes, filt in the following: Accident, suicide, or homicide
Lecation A A -Co- 18. Funerel director Bennand & Hanler	Injured at heme, farm, industry, public place (where?)
Address /2/ & WEST ST 15. February 2. 2. 19.45 Oda M. V. Litana (Dute rec'd by registrar) Registrar	23. SIGNATURE J. Toward Norris 14.2 VOTE als X west street M. D. or other 22.2 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



DESCRIPTION OF STREET

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CERTIFICATE OF DEATH

O DATE I I COLL	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Tared Krestensen	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH & Cheeresy 5 1965 21/1.2
8.(b) Namo of husband or wife lo harlotte Leach	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth data of deceased (mo., day, yr.) Tray -18-18-56	and that I last saw halive oo
8. AGE: Years Months Days If less than one day 4 9 / 3	Immediate cause of death DURATION Lichard Leath due Le Heart Failuil
9. Birthplace (Town, county, and state) 10. Usual occupation aloces.	Due to Clarked William sulessaid
11. Industry or business	Due to
12. Hame a dolph literalensen 13. Birthplace Varway,	Other conditions
14. Maiden name / athlerin berguser	(Include pregnancy within 3 months of death) Major findings of operations.
18. Informant Mas. F. Kristensen (wife.	Autopsy results
Address hale shore - Paradeng. my	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tf death was due to externat causes, fill in the following;
17. Buyia Date thereof 7 1945 (Rurlal, cremation, or removal. Which?)	Accident, suicide, or homicide
Location Baltimore Md.	Where did injury occur?
18. Funeral director Thomas W. Brughelons	Means of Injury tnjured at work?
Address Glen Dumiel, Md.	23. SIGNATURE CENTRAL ALLER M. D. or other
19. Chate rec'd by registrar)	Address slew Burnel 1 ms Date signed \$10 /4 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH be supplied. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County City or town. (If outside city or town limits, write RURAL NEAR and give town) information should carefully of death clearly and legibly. (If rural give LOCATION) Stay in hospital or inst. (yrs., or mos., or days 2(a) IF VETERAN, NAME WAR Stay in this community (yrs., or mos., or days) ____ 3. (a) FULL NAME 3. (b) Social Security Number BAL 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION FOR BINDING 1ayr, e 0 Every item of i _6(c) If allve, give ege__ 7. Birth date of and that I last saw h 12M deceased (mo., day, yr.) Immediate cause of death Years If less than one day 8. AGE: MARGIN RESERVED INK. (Town, county, and state) UNFADING. Physicians: 1D. Usual occupation 11. Industry or business ICK 12. Name MaN 13. Birthplace (Include pregnancy within 8 months of death) JOHNA PHYSICIAN importan Major findings: 15. Birthplace Man the cause to which death should be charged statisti-PLAINLY especially Of autopsy ____ Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homitaide (month) (day) (year) Where did injury occur?-ASE WRITE correct age is (City or town) (County) (State) injured et home, farm, industry, public place (where?)_ Means of Injury tniured at work? 18. Funeral director A15 Address 23. SIGNATURE SN (Date rec'd by registrar) Address Oate signed.



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information carefully. The correof death clearly and legibly.

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18. Funeral director...

Address

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 93-

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CERTIFI	CATE	OF	DEATH

- 01	221111		Reg. Diat. No	***********************
 2. USU	AL RESIDENCE (He	OME) OF DECE	ASED:	
State	Md.	County	A. A. C	0.
City or to	Fernda (If outside city o	le r town limits, write l	RURAL and give ne	earest town)
Street No.	25 Fer	ndale Ave.		***************************************
2.(a) If ve	eteran, name war	•••••		***************************************

3.	(a)	FU	LL !	MAN	E

1. PLACE OF DEATH:

A. A. Co.

3. (b) Social Security Number 21.7-01-3068

			G	EORBE L. LOHRMANN
1. Sex		5. Color or race	6.(a)Sing	le, married, widowed, or divorced
Ne	ale	White		Widower
B.(6) N				ohrmann
7. Birth dece	dote of	m.) Jan.		c) If alive, give ageyears
	E: Years			If less than one day
(35	0	27	hrsmln.
	Name		hrmann	
				/
15 15	. Birthplace	Unknown		<u> </u>
16. Inf	ormantMr.	Edward L		n
				Ferndale, Md.
		or removal. Which? Loudo		(month) (day) (year)
Gem	eiery or cremato		. Md.	

WM. J. TICKNER & SONS

Balto. Md.

Ferndale (If outside city or town limits, write RURAL and give nearest town)

tong in hospital or institution?

and that I last saw h Z was alive on D 16-6	19.45
Immediate cause of death Cardio Venn	DURATION

Due to	*******************
Due to	***************************************
Other conditions Branchitis -	24-

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6. 19 45 at 4:20 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

PHYSfCtAN: Please anderline the cause to which death should be charged statistically.

22. VIOLENCE: ff death was due to external causes, fill in the following:

Major findings of operations.....

(Include pregnancy within 8 months of death)

Accident, suicide	, or hamicide	Date of
Where did Injury	occur?(City or town) (C	County) (State)

(City or town) (County) (Sta

Means of Injury	injured	at work?
		1

23. SIGNATURE Cleso, L. Gall M. D. or other

dress

Date signed The 6-18 K

MARYLAND STATE DEPARTMENT OF HEALTH

01346

2411 N. Cha	arles St., Baftimore (108
CERTIFICA	ATE OF DEATH Reg. Dist. No23
1. PLACE OF DEATH: County ANNE Agunde!	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State May 1 1 and South ANNE ANUNCE!
City or fown. Severy (If outside city or town limits, write RURAL and give nearest town)	City or town Severt H- ML - R. F.D
How long in above place of death?	(If outside city or town limits, write RURAL and give neorest town) Street No
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Rohert M. Low	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male white Single	20. DATE OF DEATH FEBYLLAYY 25 1945 at 7.2
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Tune 4. 1870	ars and that I last saw halive on 2124-45
8. AGE: Years Months Days It less than one day	Immediate cause of death DUR
9. Birthplace ANNE AYUNGE / Co. Md (Town, county, and state)	Bue to.
(Town, county, end state) 1B. Usual occupation	
11. Industry or business	Bue to Cardea Varlence / We
12. Name John Gustan Lowan 13. Birthplace ANNE AYUNE / Co. Md.	Bther conditions
14. Malden name. Mayy E. Lowman	(Include pregnancy within 8 months of deeth)
MI Mable of THORA	Dale of op.
Address Severn, Md. R.F.D.	Autory results. PHYSICIAN: Please onderline the cause to which death should he charged statistically
Bate thereot Feh. 78 M43 (Burlal, cremation, or removal, Which?) (Burlal, cremation, or removal, Which?)	22. VIOLENCE: tf death was due to external causes, fill in the following; Accidenf, suicide, or homicide
Cemetery or crematory Nichols Memorial	Where did injury occur? (City or town) (County) (State)
Location Mennes W. Suegidan	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address Sha Burni Md	Horely pepple
19. Feb. 27. 19. Y.S. A.L. Coll. Registro	or Addless Cleaton 19 Bate signed

MARGIN RESERVED FOR BINDING



Ja -3

. . .

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH Reg. Dist. No. 23 supplied. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: pe (If outside city or town limits, write RURAL NEAR and give town) information should carefully of death clearly and legibly. WY NACE BYANC Stay in hospital or inst. (yrs., or mos., or days) 2(a) IF VETERAN, NAME WAR 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 6.(a) Single, married, yildowed, or divorced RESERVED FOR BINDING y item of i -6(c) If alive, give ege ... 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause of death Months Years If less than one day 8. AGE: 9 da 0 TFADING INK. Physicians: please 9. Birthplace. (Town, county, and state) 10. Usual occupation MARGIN 11. Industry or business 12, Name Dther conditions 13. Birthplace (Include pregnancy within 3 months of death) important PHYSICIAN Major findings: Please underline 15. Birthplace the cause to which death should be charged statisti-18. Informant PLAINLY especially Of autonsy_ 22. VIOLENCE: If death was due to external causes, fill in the following Accident, suicide, or homicide (month) (day) (year) (Burial, cremation, or removal. Which?) WRITE I Where did injury occur?_ (City or town) (County) (State) Injured at home, farm, industry, public place (where?)_ PLEASE WR Means of Injury Injured at work? 18. Funeral director Address 23. SIGNATURE M. D. or other (Date rec'd by registrar) Registrar Address.



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MARYLAND STATE DEPARTMENT OF HEALTH

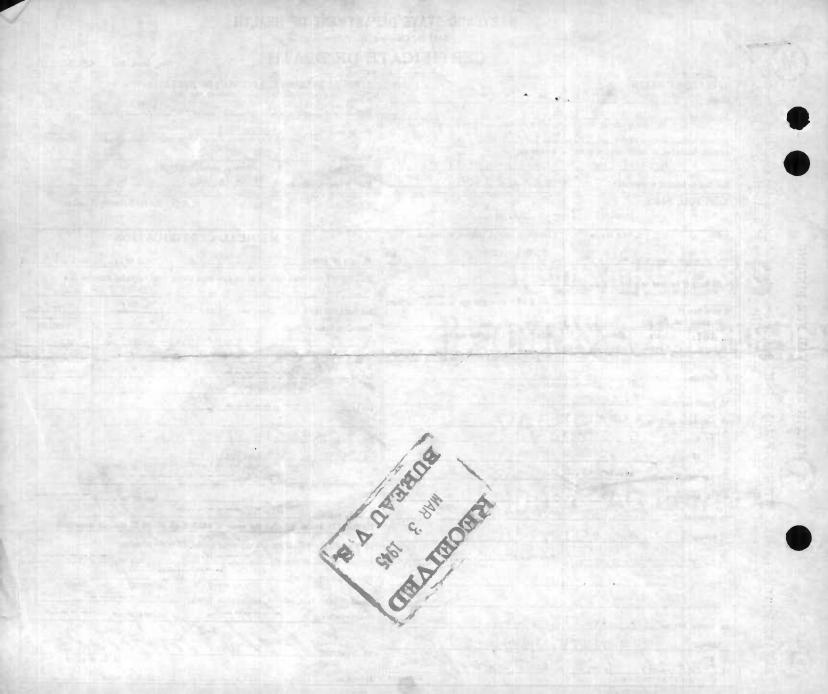
2411 N. Charles St., Baltimore 97

01348

CERTIFICATE OF DEATH

er Diet No. 28

County Ann	e Arundel			(For newborn infants give residence of mother	r)	ne.
			d give nearest town)	State Maryland County Wicomico		0
How long in above place Hospital, institution, or Crown	ot death? 1 mor street address where d sville S:	th, 20 d eath occurred: tate Hosp	ital	City or town		
3. (a) FULL NAM		- GEORGE		The state of the s	(b) Social Security unknown	
4. Sex	5. Color or race	6.(a) Single, married,	widowed, or divorced	MEDICAL CERTI	FICATION	
male	black	widow	er	20, DATE OF DEATH February 24	194.5.	3:15A M
			give ageyears	21. I CERTIFY that death occurred on the date above state January 4 19. 45 and that t last saw h im alive on Febru Immediate cause of death	ed; that lattended dece to Februa lary 24	ry 24 ₁₉ 45
8. AGE: Years 70	Months unknown		than one dayhrs	General Arteriosc		Known to
Birthplace Usuat occupation thoustry or busines	Labore	ounty, aud state)		Due to		1/4/45
12. Name	unknow	tte ?		Diher condillons Senile Psychos Simple Deterioration (Include pregnancy within 3 months) Major findings of operations.	of death)	
16, Informant	Tospital P Prownsvil		and	Autopsy results	ath should be charged	
17Buried (Burial, cremation Cemetery or cremate Location Snov 18. Funeral director Address	or removal, Which?) or M. E V Hill, M.	Date thereof Fe Cemetery aryland ad Hearn 1; Maryla	ab. 28 194 nouth) (day) (year)	Where did Injury Occur?	(County) tojured at fork? M. D.	(State)





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 335-0

CERTIFICATE OF DEATH

Reg. Dist. No
F DECEASED:
nty
, write RURAL and give nearest town)

361 E. 2nd Street (If rural, give LOCATION)

(If ontside city or town limits

2. USUAL RESIDENCE (HOME) O

Ohio

City or town Chillicothe

(For newborn infants give residence of

3. (a) FULL NAME

1. PLACE OF DEATH:

Anne Arundel

Hospital, Institution, or street address where death occurred:

Regional Hospital

How long in above place of death?.....

How long to hospital or institution?......

ASN: 35237649

3. (b) Social Security Number

Louis W. MILLER 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Married Betty Miller 6.(b) Name of husband or wife 7. Birlh date of September 25. 1919 deceased (mo., day, yr.) Months Days If less than one day 8. AGE: Years 25 22 - hrs. Soldier 1D. Usual occupation.... U. S. Army 11. Industry or business Unknown Unknown 13. Birthplace (unknown) Miller Lena 14. Malden na 15. Birthplace Unknown Service Record U. S. Army Address Removal Date thereof Feb (month) (day) (yenr) 17 Removal (Burial, cremation, or removal. Which?) Cometery or crematory C. J. Ware, Undertaker Jecation West 2d St., Chillicothe. Ohio 18. Funeral director. Howard Blight

Belair Road, Baltimore.

Ft. Geo. G. Meade
(If outside city or town limits, write RURAL and give nearest town)

2 months

2 months 4 days

February 16, 19 45 at 5:15 A M 21. I CERTIFY that death occurred on the dale above stated; that I attended deceased XOEX and that I last saw him __allye on February 16. Immediate cause of death REND (Include pregnancy within 3 months of death)

MEDICAL CERTIFICATION

Confirmed as above PHYStCIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?)

falured at work? Means of injury

homas M. Hutchins. Major .M. D. or other Address Reg Hosp Ft Meade Md Date signe Feb 16/4

Shor Oz AHARA

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1 Alexander -	State Tennessee Govern Hornock
City or town. (If outside city or town limits, write RURAL and give nearest town)	1 1 000
How long in above place of dealh? 6 years.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or etreet address where death occurred:	
	(If rural, give LOCATION)
How long in hospital or institution?	
	2.(a) If veteran, name war
3. (a) FULL NAME Thorsey Lee Misel	3. (b) Social Security Number
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
$m.$ $\omega.$ $s.$	36
100	20. DATE DF DEATH /- Checkery 4 19. 65 BI 62 7 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that f atlended deceased from
7. Birth dato of	and that I tast saw h alive on 19.
deceased (mo., day, yr.) faculary 12 - 1945	
8. AGE: Years Months Days If less than one day	Immediate cause of death Sufficients Sufficient Sufficients
0 0 23hrsmin.	
	(was sleeping with parents)
9. Birtholace Odenton, Ind	Due to.
(Town, county, and state)	
10. Usual occupation Proces.	Box to
11. Industry or business	Due to

	Diher conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Clail mullens 15. Birthptage readville Tuyerson.	
	Major findings of operations.
\$ 15. Birthptace weed well " ugesse.	
16. Informani Carel truttono makkey	Antopsy results
Daviton MN	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address aguilla / M	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Shipped (Buriel, cremation, r removal. Which?) Date thereof 5.65 5 1945 (month) (dey) (year)	Accident, suicide, or homicide (see Alexa) Date of 7 4 4 5
(Buriel, cremation, or removal. Which?) (month) (dey) (year)	Where did injury occur? Ottostow a.a. Maryland.
Cemelery or crematory	(City or town) (County) (State)
leading logers velle Jean	Injured at home, farm, industry, public place (where?) Korrel
Thomas W Dungleton	Means of Injury Sleeping in bed. Injured at work? No
18. Funeral director. Themas no buggerous	
Address Glew Gurnice Md	lending Xt anho Day.
1- march 1-	23. SIGNATURE
19. (Dete per'd by registrar)	Address fallew Burnel, ms. Bata stand 44/x 6

THE PARTY OF THE TRACKET STAVE WILLIAM REPERS 6 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-2)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County HULI PRUDE City or town F AST DORT	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothe) State Many auch County Hule ARLINDS
(If outside city or town limits, write RURAL and give nearest town)	City or town. (If outside city or town limits, write QURAL and give nearest town)
Hospital, Instilution, or street address where death occurred:	Street No. 209 SEVERY AUS
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
Dessiz Urgluia + Ne	Eluan Morgan 3. (b) Social Security Number
4. Set 5. Color or race, 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 3 18 XJ 21 420 PM
S, (b) Name of husband or wife.	21. I CERTIFIC hat death occurred on the dale above stated: that I attended deceased from
5.(c) It alive, give age	12 20 10 10 7 51 3 10 45
7. Birth date of deceased (mo., day, yr.)	and that last saw h. Las alive on The Community of the Co
8. AGE: Years nonths Days It less than one day	Immediate cause of death DURATION
53 0- 18hrsmln.	Cut Hrasma 24km
9. Birthplace	Due 10
1B. Usual occupation	4. Unjohn mars
11. Industry or business	Co. The ker hobbles (les lentes
	Other conditions laterties Deforman 1890
12. Name William H. Frieman 13. Birthplace A. A. Co. Ma	(Include pregnancy within 3 months of death)
14. Malden name Sarah R. Jours 15. Birthplace , A. A. Co., Wall	
15. Birthplace, A. B. Co., Wal	Major findings of operations
18. Interment 2 Mers & Telenger	Autopsy results
Address 209 Severy Hoz Zostport Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bural Pate thereol Tel 7 945 (Burlal, cremation, or removal, Which) Date thereol (month) (day) (year)	22. VIOLENCE: tt death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burlal, cremation, or removal, Which) Cemetery or crematur.	Where did injury occur? (City or town) (County) (State)
Location Juno Aolis Med	Injured at home, tarm, industry, public place (where?)
18. Funeral directer Solus M. Taus of	Means of Injury Injuyed a) work?
Address Mulappolis use.	WOO
Fola C 15 mod much	23. SIGNATURE M. D. or other
Date rec'd by registrar)	Address Acces Tholand Date signed 2 14/45



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

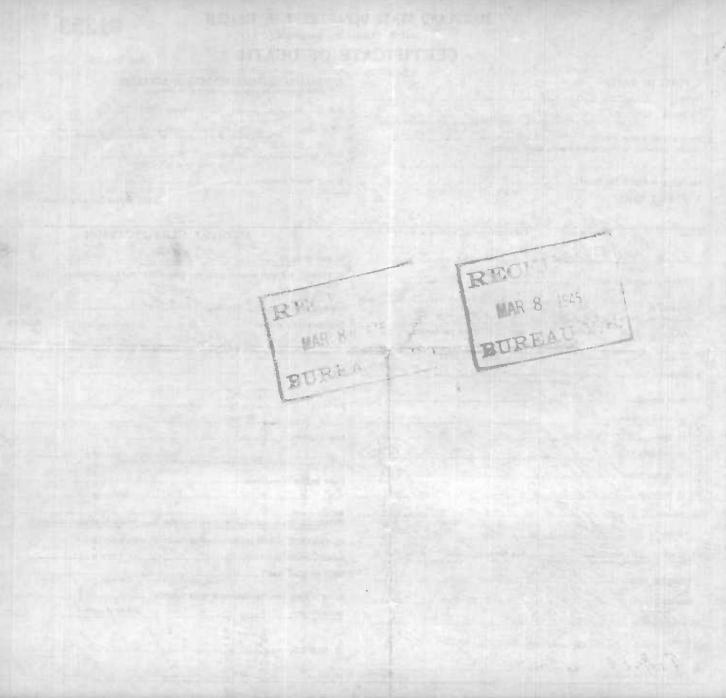
2411 N. Charles St., Baltimore

01353

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH: Q. Q. Q.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother)
City or fown (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	me in the second
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	. 2.(a) If veteran, name war
3. (a) FULL NAME Paraile/ Mons	3. (b) Social Security Number
4. Sex 5. Solor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fewers White Lines	20. DATE OF DEATH. # 19 19 45, at 6 P. N
	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wite	11.1 Center that the same of the date above states, that I agentee deceased the same of th
year	
7. Birth date of 2. 1944	and that I last saw h. M. alive on J
deceased (mo., day, yr.) 8 AGF. Years Months Days If less than one day	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one daymin	John Short Short A. That Gall Sing
9. Birthplace The Thomas and atato)	Due to
10. Usual occupation.	
10. USU21 OCCUPATION	Due 10
11. Industry or business	
12. Name 12. Name	Diber conditions
13. Birtholace O Maller le Caloris Cal	the contract of the contract o
# 1100: The el 115	(Include pregnancy within 3 months of death)
E 14. Maiden named	Major findings of operations
SE 15. Birthplace Delenoth, 1914	
25.0. 9 May 1.01	
16. Informant	Autopsy resulta
Address Lothbeart ONA	
. Buis & m. Feb 21194.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Whigh?) Date thereof (month) (day) (year)	Accident, swicide, or homicide
Cemetery or crematory	Where did injury occur?
at Notes	
Location Location	Injured at home, farm, Industry, public place (where?)
18. Fulletal different Thomas	Means of Injury Injured at work?
Address Friendship Hill	40240
4 1	23. SIGNATURE
19. T. M. 19. 19. 17. 15	2/16/115
(Date rec'd by registrar) Registra	Address Date signed



1. PLACE OF DEATH:

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly PLAINLY, WITH UNF is especially important. WRITE

PLEASE

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Diat. No 2. USUAL RESIDENCE (HOME) OF DECEASED:

Couoly Anne Arundel Ft. Geo. C. Meade City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 8 days Hospital, institution, or street address where death occurred: Regional Hospital How long in hospital or institution? 4 days	(For newborn infants give residence of mother) State New York County Unknown City or fown Montour Falks (If outside city or town limits, write RURAL and give nearest town) Street No. 440 East Main St (If rural, give LOCATION)		
3.(a) FULL NAME ORR, Leonard F ASN: 42	3. (b) Social Security Number		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. Feb 12 19.45		
6.(6) Name of husband or wife. Helen V. Orr 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date ebove stated; that I attended deceased from Feb 9 1s. 45 to Feb 12 1s. 45 and that I last saw h. i.m. alive on Feb 12 1s. 45 Immediate cause of death.		
8. AGE: Years Months Days It less than one day 37 10 17	Preumonia, type undetermined 72 Hrs		
9. Birthplace Bluffpôint, N. Y. (Town, county, and state) 10. Usual occupation Soldier 11. Industry or business U. S. Army	Due to		
12. Name	Other conditions		
Unknown 16. Informant Service Record Address U. S. Army	Autopsy results Confirmed as above PHYSICIAN: Please auderline the cause to which deeth should be cherged statistically.		
Removal (Burisl, cremation, or removal, Which?) Cemetery or crematory Location Howard Blight Address 4914 Belair Road, Baltimore, Md.	Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work?		
19. Feb 13 1945 W.J. LAWSON, JR., 1st Rystrar MAC	J.H. Clark, 1st Lt., M.C. M.D. or other		

CEST MICKES OF BEACH

RESTRIVED

BUREAU V.S.

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

	CERTIFICATE OF DEATH Reg. Diat. No	2
1. PLACE OF DEATH: County	City or town. (If outside city or town limits, write RUMAL and give ne Street No. 2 outside city or town limits, write RUMAL and give ne	arest town)
3. (a) FULL NAME Clause	Thomas Owings 3. (b) Social Security	Number
Game (20 0)	widowed, or divorced MEDICAL CERTIFICATION 20. DATE DF DEATH. 2.1. 13 18.45 21. I CESTIFY that death occurred on the date above stated; that Lattended decidence of the date above stated.	
6.(c) Hame of husband or wife. 7. Birth date of deceased (mo., day, yr.)	give age years 1886 Institute of death	3 19 4- 19 4- DURATION
19 0 13	breinomalose's Due to Chiehuma Ph Breest	1700g
18. Usual eccupation	Due to	
12. Name Taller & Sallance &	(Include pregnancy within 8 months of death) Major findings of operations. Major findings of operations.	943
	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged	
17 (Burial, cremation, or removal. (Videb?) Cometery or crematory	22. VIOLENCE: If death was due to external causes, fill to the following: Accident, suicide, or homicide	(State)
18. Funeral director. L. Castoni So	Injured at home, farm, industry, public place (where?) Means of injury injured at work?	••••
19. February 19. 45. (Date rec'd by registrar)	23. SIGNATURE GENERAL M. D. Registrat Address Quefrels M. D. Date signed	. or other 2-/3/4

FEB 15 1945
BUREAU V N.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3.

CERTIFICATE OF DEATH

(11356 Reg. Dist. No. 20

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewborn infigits give residence of mother)
County and County	M. 1
City or lown. (If outside city or towe limits, write RURAL and give nearest towe)	State Ma Copyly Unit United
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
	Streel No
How long in hospital or institution?	2.(a) 11 veteran, name war.
3. (a) FULL NAME	
and the state of t	3. (b) Social Security Number
Warence matinews ouncer	214-05-2191
4. Sez 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
M Col married	20. DATE OF DEATH 5 12 19.45 at 7 P. M
Bliggstelle Porber	21. I CERTIFY that death accurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	9 lh 5 145 Jeh 12 15
7. Birth date of	end that I last saw h
deceased (mo., day, yr.) 7. 1907	
8. AGE: Years Months Days If less than one day	Imprediate cause uf death DURATION
37 3 5 mm. hrs. gila	Jelsen Jelle State Selling
Lethian CCB and	
9. Birthplace. D TWWW. (L. W. W. O J. J. C.	. Due to
Talana.	
10, Usual occupation.	Due to
11. Industry or business	
12. Name Isage Parku 13. Birthplace Whiknown	Other conditions
3. Birthplace Linkswown	
	(lociude pregnancy within 3 months of death)
14. Maiden name. Young	Majur findings of operations.
15. Birthplace LOCA (60	Date of op
16. Informant Domina Parkers	Autorsy results.
11-1 med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address A MINOON THEY	22. VIOLENCE: 11 death was due to external causes, fill in the following:
17 Sunal Date thereof 4505-15-43	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (donth) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Jothian All	Injured at home, 1arm, Industry, public place (where?)
- Of a Amedianis	Means of Injury Injured at work?
1B. Funeral director	
Address Salutule State	+12 2 Vo-1
2/13 U.S HA Vacator	23, SIGHATURE M. D. or other
19. (Date rec'd by registrar) Registrar	stidents of heart of the part of track 2/13/43

FEB 15 1945
BUREAU V.S.

PLEASE

VS A15

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Y in This count	State State. County a.a.
(if outside city or town limits, write RURAL and give nearest town)	y. Tl. a /-
How long in above place of dealth?	(If outside city or town limits, write RURAL and give nearest town)
415 W. Shipley Rd	Street No. 4/5 W. Shipley Rd.
Now long in hospital or institution?	(If rural, givo LOCATION)
3. (a) FULL NAME	2.(a) If veleran, name war
may Patterson	3. (b) Social Security Number
4. Set (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fewell White Widow	20. DATE OF DEATH 2 1 2 2 1945 at 4:30 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) faw 22 - 1858	and that I last saw here alive on The 22 1943
8. AGE: Years Mooths Days It less than one day 8 7 / O	Immediate cause of death Duration & Duration & Duration
9. Birthplace Spring July, and state)	Due fo
10. Usual occupation	Due to
12. Hame Oleset -	Dither conditions Orderio Selvario 10 44-
14. Maiden name	(Include pregnancy within 3 months of death)
15. Birthplaco Down hour	Major findings of operations.
16. Informant 9m. U- Norres	Autopsy results.
Address Lin Thicam ma	PHYStCIAN: Ptease underline the cause to which death should be charged statistically.
Ruiso	22. VfOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of Thursday P. M. Charles	Where did injury occur?
Location Dutto M.	Injured at home, farm, industry, public place (where?)
18. Funeral director la my Interest of Sons	Means of Injury Injured at work?
Address Suttol. Md:	23. SIGNATURE Class. R. Bace J. m.S.
10 2/24 10 95 Alw , Helice	M. D. or other
(Date-rec'd by registrar)	Address Date signed Jt. 72-194.

2411 N. Charles St., Baltimore (8372)

01358

2	CERTIFICA	IE OF DEATH Reg. Dist. No	.
information carefully. The co of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
information of death cl	mary C. Pitts	3. (b) Social Security No	amber
o H.	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
m of	Temale colored widow.	20. DATE OF DEATH 9-el- 2, 19.45.	11.45 P
Supply every item of ease write the causes	8.(6) Name of husband or wife. Leavy Letto	21. I CERTIFY that death occurred on the date above slated; that I attended decease	
e ve	7. Birth date of years	and that I last saw h Malive on 7th 2	101/5
rit	deceased (mo., day, yr.) 7 el 18, 1866		
WW	8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
ap]			
Sa	78 11 12hrsmin.	Crewral Hemmhore	4 days
ADING INK. Physicians: pl	Salabara to de		
Z ::	9. Birthplace (Town, county, and state)	Due to.	***************************************
HH	0	fine al asteriodin	
C.S	1D. Usual occupation.	Due to	
Ys Y	11. Industry or business		*****************
Da.	MI Maria Da la	6	
fv.	E 12. Name	Dther conditions	
UNF.	13. Birthplace Small	Sendetz	
WITH UNI important.	H 14. Malden name. Selia a	(Include pregnancy within 3 months of death) Major findings of operations.	
LI.	15. Birthplace md.		
	maria D. Il.	Date of op.	
H,Y	19. Informant	Autopsy results	
Eis	Address 6/5 2 3d. 8t. Eaglbort nd.	PHYSICIAN: Please underline the cause to which death should be charged sta	tistically.
PLAINLY, s especially		22. VIOLENCE: If death was due to external causes, fill in the tollowing;	
LA	17 Date thereof	Accident, suicide, or homicide,	
न ह	(Burial, cremation, or removal. Which?) (month) (day) (year)		
国	Cometery or crematory Camapolio relk Feb. 6, 1943-	Where did injury occur?	State)
	10. Jak 2 2.		
WRITE	Location Location	Injured et home, farm, Industry, public place (where?)	*********************
	18. Funeral director.	Means of Injury Injured et work?	
SE	10. Funcial uneclui		
	Address Annabolio med:	myKlas	0
PLEA	Cal I has weeken	23. SIGNATURE.	
PI	10, rev. 6, 10 45 / _ lonum	7, C 1-c, 1	11/11/11/5
	19, Feb. 19, 43 — Office (Date rec'd by registrar) Registrar	Address 3/ Ams/h Ma Date signed	10170

MARGIN RESERVED FOR BINDING

VS A15

FEB 8 1945 BUREAU V.S. 2411 N. Charles St., Baltimore

01359

CERTIFICATE OF DEATH

Reg. Dist. No. 2/

1. PLACE OF DEATH: Quendel	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fog newborn infants give residence of mother)
County	State Maryland County/ Love Orundel
City or town(If outside city or fown limits, write RURAL and give nearest town)	City or town ST Margarets
How long in above place of death?	(If outside city or town limits, white RURAL and give nearest town)
Emergency Hospt.	Street No. Alf rural, give LOCATION)
How long in hospital or institution	2.(a) If veteran, name war.
3. (a) FULL NAME Clement Poblet	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W. Warried	20. DATE OF DEATH Fish 12- 1945 14 A. M
8. (b) Name of husband or wife Catherine Poblet	21. I CERTIFY that death occurred on the date above stated; that bearended deceased from
e (a) té alfin almana	7EU 8 1948 10 FU 12 1945
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. 4 alive on 7 13 4 5.
8. AGE: Years Months Days If less than one day	Immediate cause of death
76 8 26nrsnin.	Diabetes Millions Propel
8. Birtholace France	Que to 2 0 4 4 70.
(Town, county, and state)	Saug Ruc till les several
1D. Usoal occupation O and A Thomas of The A	Due to The Theory.
11. Industry or business Dealle Tarm, 1. 70.	affinal in persue non Kennal
12. Name Clement Colet	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden oame Wishnown St. Birthplace Mukanown	Major findings of operations
15. Birthplace Musingwi	
18. Informant Latherene O oblet	Autopsy results
Address P. F. D. Cimapole Mg.	22. VIOLENCE: If death was due to external causes, fill to the following:
(Burial, cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Genetery or cremotory	Whera did Injury cccur?
Parallet ones.	(City or town) (County) (State)
Location Williams Wil	Means of injury lojurged at work?
18. Funeral director	ma di
Address (imapoli Wd.	23. SIGNATURE Oliver Wree
19 hebr 14 19 45 My James	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 5

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

RECEIVETO FEB 15 1945 BUREAU V.A.

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County & a	
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 2 5 years	(if outside cay or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 4 Organia Gust
14 America Const	Street Ro. (tfrural, give LOCATION)
Now long in hospitat or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Josephine J. Polya	inskl
4. Sos 5(Color or race 8.(a)Single, married, widowed, or diverced	MEDICAL CERTIFICATIONAL
+ w wilow	20. DATE OF DEATH 7 2417
market Polyanski	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from
B.(0) Ramo of nuspane of with Additional Control of the Control of	" + ch , w. + ch 19 41°
7. Birth date of	and that I last saw h a all ro on 3ch /7 18.45
deceased (ma., day, yr.) Lee 16 - 1869	
8. AGE: Years Months Days If less than one day	Immediate cause of death DUBATION
74 2 1 hrs. min	
	- Superfrage
9. Birthplace	Due to by fulf externation turbers
10. Usuat occupation. None	Bue to.
11. industry or business	
12. Name John Kny awa	an les Seur Felerour auteur
	Other conditions Language account a market
13. Birthplaco	(Include pregnancy within 8 months of death)
14. Malden name Olisk now	
15. Birthplaco Quellown	Major fiadings of operations
0 10 1211	Date of op.
16. Informan Man Jahren J. Mehle	Autopsy results
Address /4 (munsal Court amapple)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 -10 80 20/1/5	22. VIOLENCE: tf death was due to esternal causes, filt in the following:
(Burial, cremation, or removal/Which?) (Burial, cremation, or removal/Which?) (Burial, cremation, or removal/Which?)	Accident, suicide, or homicide
Cemetery or crematory of mary >	Where did injury occur?
Location assaption on	Injured at home, farm, industry, public place (where?)
10 To Hopping	Means of Injury Injured at work?
18. Funorat director	
Address annaferted i mon	- Jenge Bank
Folo 19 45 Ward	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	is Address lumps to My Bato signed 2.19.41

VS A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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CRETATION TO BEATER

RECEIVED FEEZI 1945 BUREAU V.S.

do. Boul

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

27

					22081 01001 1101	
1. PLACE OF DEATH: Anne Arundel				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
County Ring Artifice Co. G. Meade, City or lown. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 20 days				State Delaware County -		
			RURAL and give nearest town)	The - 120 - 12	unty	
				City or town Frankl Ord	s, write RURAL and give nearest town)	
Hospital, institution, or str	eet address where	death occurren	d:	Street No.		
Region	nal Hosp		***************************************	(If rural, give	LOCATION)	
How long in bospitat or in:	stitution?	5 days		2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security Number	
	Jan	mes B.	POWELL ASN: 421	45947		
4. Sex 5	. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	Si	ngle	20. DATE OF DEATH February	9, 19.45 at 1:30 Pa	
6.(b) Name of husband or	wife	-		21. I CERTIFY that death occurred on the date abo		
				February 5, 194	5 to February 9, to 45	
7. Birth date of			c) It alive, give ageyears	and that flast saw im alive on Febr	uary 9, 19 45	
deceased (mo., day, yr.)	March	22, 19	26	Immediate cause of death	DURATION	
8. AGE: Years	Months	Days	If less than one day	(Pneumony	a Fight 36 her	
18	10	19		laureal love		
Es Es	st Lands	sdowne.	Pa.	Bus to		
8. Birthplace Es			etate)	use tu		
10. Usual occupation	Soldie	er	***************************************			
11. Industry or business	U.S.	Army		Due to	1	
	lliam E		7	DO ILA VOT	- V () 10 L	
F 12. Manic	-		u s ^{ulo} i 	Other conditions.	Should Cold	
	ıknovm			(Include pregnancy within 3 r	months of death)	
14. Malden name. S.S. 15. Birthplace Uy	die W.	unknow	m) Powell			
S 15 Birthalaga II.	known			Major fiedings of operations.		
		D 3		As obove		
18. Informant				Antopsy results. AS above PHYS1CIAN: Please codertime the caose to which death shootd be charged statistically.		
Address	U. S. A	c my				
			Feb 10 10/5	22. VIOLENCE: If death was due to external cau		
17 Removal	removal. Which?	Date then	eof Feb 10, 1945 (month) (day) (year)	Accident, suicide, or homicide	Oate of	
Cemetery or crematory			ord, Del.	Where did lojury occur?(City or town)	(County) (State)	
				Injured at home, farm, industry, public place (wi		
			Ship of the		/ Injured at work? —	
18. Fuoeral director	louard B.	light	7 4	Means of Injury	Injured at work	
Address 4914 Belair Road, Baltimore, Md. 19. Feb. 9, 1945 W.J. Awson, JR., 1st Registrar				23. SIGNATURE	lar 1st mc	
				J.M.Clark. 1st	Lt., M.C. M.D. or other Md. Date signed Feb 9/45	
			Lt., MA	,C		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PRANCE TO STADISTICATE

BUREAU V. 8

01362

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: County Anne Arundel City or town (17 outside city or town limits, write RURAL and give nearest town) How long in above place of death? life.			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of muther) State		
Hospital, Institution, or	r street address where o		Street Ho		
How long in hospital o	r institution?				
3. (a) FULL NAME HENSON ISIAH RICHARDS			3. (b) Social Security Number		
4. Sex male	5. toler or race	b.(4)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH. February 2I 19. 45	5 at 5	
		rrina Richards 6.6) It alive, give age years	21. I CERTIFY that death occurred on the date above stated: that I attended de	ceased from	
deceased (mo., day. 8. AGE: Years	s Months	14, 1875 Days It less than one day	Immediate cause of death Cerebral hamorrhage	DURATION	
9. Birthplace. A. A. Co., Md. (Town, county, and state) 10. Usual occupation. Caretaker 11. Industry or business 12. Hame. Benj. Richards 13. Birthplace. A. A. Co., Md. 14. Maiden name. Henrietta.? 15. Birthplace. A. A. Co., Md. 16. Informant. Serrina Richards Address. P. O. Pasadena, Md. 17. Rurial (Burial, cremation, or removal, Which?) Cemetery or crematory. Magothy. Cem. Location. A. A. Co., Md. 19. Funeral director. Wm. A. Jackson.			Due to Arteriosclerosis Hypertension Due to	indef.	
			Other conditions		
			Where did injury occur?		
				21 45	La. Blue

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst is especially important. Physicians: please write the causes of death clearly and legibly.

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

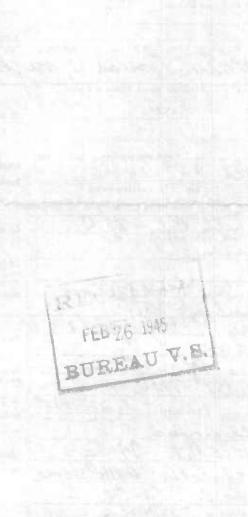
age



Reg. Dist. No. ...

3. (b) Social Security Number

PHYSICIAN: Please underline the cause to which death should be charged statistically.



WRITE

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PLE.

SA

1. PLACE OF DEATH:

Now long in above place of death?...

How long in hospital or institution?

3. (a) FULL NAME

Years

4. Sex

7. Sirth state of deceased (mo., day, yr.)

18. Vaual occupation...

13. Birthplace

15. Birthplaca

(Burial, cremation, or removal, Which?)

(Date rec'd by registrar)

8. AGE:

Hospital, tratitution, or atreet address where death occurred:

Months

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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01364

CER	TIFE	CAT	TE O	FD	FA	TH
CLIN						

E OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOM (For newborn infants give realder	
State maryland	County a &
City or town Neellegge: (If outside city or town	ele P. F. W. n limits, write RURAL and give nearest town)
Street No(If rurs	ıl, give LOCATION)
2.(a) 11 veteran, name war	
	3. (b) Social Security Number
MEDICA	L CERTIFICATION
20. DATE OF DEATH	23 45 349
21. LCERTIFY that death occurred on the d	fate above etated; that I attended deceased from
#1622	10 4 5, 10 Tel, 23 18 4
and that I last eaw halive en	F-CL 23 1847
Immediale cause of death	DURATION
Piaholin	Crula Was
Due to De allele	a Wellited mily
Due to	
Other conditione	
(Include pregnancy wit	thin 8 months of death)
Major findings of aperationa	
***************************************	Date of eg.
Autopsy results	e to which death should be charged statistically.
22. VIOLENCE: It death was due to exter	rnat cabees, fill in the following:
	Bate o1
Where did injury occur?(City or t	town) (County) (State)

Hojelind

(If outside city or town limits, write RURAL and give nearest town)

Saya

15

6.(c) if alive, give age

tf less than are day

miso.

45

Man Registrar

(month) (day) (year)

23. SIGNATURE...

Address.

Meana of Injury

alotes les

Injured at work?

injured at home, farm, Industry, public place (where?)

M. D. or other

BUREAU V. E.

HYDANIA DO TYDERDALDES STATE CHART'S AN

MARYLAND STATE DEPARTMENT OF HEALTH Evidence for change of 2411 N. Charles St., Baltimore 94-2 age is shown on CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH egibli carefully How long in above place of death?... Hospital, institution, or street address where death occurred: information care (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number ARGIN RESERVED FOR BINDING of 21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from 7. Birth date of deceased (mo., day, yr.) Immediate cause of death Supply If less than one day 8. AGE: us con d ADING INK. Physicians: 1 9. Birthplace..... 1D. Usual occupation 11. Industry or business important. (Include pregnancy within 3 months of death) Major findings of operatious..... especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur?(City or town) WRITE (County) injured at home, farm, industry, public place (where?) Jured at work? Means of injury Address (Date rec'd by registrar)

RECEIVED FEB12 1945

MARCHARD STATE OF PARTHERSON OF REMARK

CERTIFICATE	OF DEATH 16450

Registered No.23

1. PLACE OF DEATH: (a) Altimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
(b) Street address PENNING TON AUE EXTENDED	(a) State (b) County
(c) Hospital or institution:	(c) City or town Bretimore
	(d) Street No. 5/12 8 Street No. 6.12 8
(d) Length of stay in hospital or inst. (yrs., mos., or days) -0 -A	(e) Citizen of foreign country? (Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
3 (a) FULL NAME Percy E. Shiflett	
3 (b) If veteran, name war 3 (c) Ital Security Account	MEDICAL CERTIFICATION
No No 216-05-768	20. DATE OF DEATH 2-27- 19 K5, at M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that I took charge of the remains described above, held an
	Author thereon and from the evidence obtained
6 (b) Name of husband or wife POTH E SHIFLETT	
6 (c) If alive, give age years	by said Autopsy, Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day, yr.) 9 19 01 8. AGE: Years Months Days If less than one day	to death on the day stated above, and death in my
43hrmin.	opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined [] and that the causes of death were:
1/ -	IMMEDIATE CAUSE OF DEATH
9. Birthplace (Town, county, and state)	ashancation
10. Usual Occupation WELDER	
11. Industry or business BETH. FAIRFIELD SHipy	Due to Hanging
12 Name O PAMES E. SHIFLETT	July 1
13. Birthplace VA	Other Conditions Orfonser ay
14. Maiden Name MARY E. JONES	Other Conditions
15. Birthplace	(Include pregnancy within 3 months of death)
16 (a) Informant MRS. RUTH E. SHIFLETT	22. If an external cause was primary or contributing acuse of
(b) Address 5128 BROOK MOD ROAD	death, fill in the following:
17 (a) BURIAL (b) Date thereof 3/4/45 (month) (day) (year)	(a) Date of injury 2-27 - at P. M.
	(b) Where did injury occur? Penning ton Rose
(c) Cemetery or crematory RIVER VIEW	(c) Did injury occur at home, on farm, industrial place, in public
Location NAYNES RORO, VA.	place? Farm While at work? No
18 (a) Funeral director MitTIN SHILLING	(d) Means of injury Hanging from a rafter
(b) Address 3914 HANOVER STREET	23, Signature M.D.
(Date rec'd by relitar) Registrar	Date signed 2 - 2 7-41-
A TANAMON TO REGISTRAL	

carefully supplie

Every item of information should be write the causes of death clearly and

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is especially importan

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correct

PLEASE WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

(Date rec'd by registrar)

Evidence for adding of

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

01367

Reg. Dist. No.

CERTIFICATE OF DEATH

2. USUAL R	RESIDENCE (HOME) OF DECEASED:	
(For new	born infantagive resilence of mother)	
State W	county ATTO	
	74 h Can Brach	00000000000
City or town	***************************************	
	(If outside city of town limits, write RURAL and give nearest tow	/n.)
Street No		

3. (b) Social Security Number

Injured at home, farm, Industry, public place (where?)

23. SIGNATURE Oliver lunes

D.ME

SIGNATURE

Major findings of operations.....

Meane of Injury

... Date signed 2/4

HEALTH OF THE STATE OF A SHIP THE SH

RECIGENTED | FEB 8 1945 BUREAU V.S

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

01368

CERTIFICA	IE OF DEATH Reg. Diet. No.
1. PLACE OF DEATH: County Anna Arundel Co. City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 79 Pleasant St. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Anne Arundel City nr town Annapolis (If outside city or town limits, write RURAL and give nearest town) Street No. 79 Pleasant St. (If rural, give LOCATION) None
3. (a) FULL NAME	3. (b) Social Security Number
Mary Hammond Snowden	None
Female Col. Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH. 25 at 10: 25
6.(b) Name of husband or wife	21. I CERTIFY that death occursed on the date above stated; that I attended deceased from 19. To 19. Fig. 10. Fig. 10. 19. Fig. 10. 19
9. Birthplace Anne Arundel Co. Md. (Town. county, and state) 10. Usual occupation Housewife 11. Industry or business None	Due to Due to
12. Name Hammond 13. Birthplace A. A. Co. Md. 14. Maiden name Unknown 15. Birthplace Unknown	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Mrs Hattie Mcpherson	Antopsy results. PHYSICIAN: Please underline the couse to which death should be charged statistically.

Burial Bate thereot 2/95/45

(Burial, cremation, or removal, Which?)

Cemetery or crematory Breur Hill Cemetery

18 Funeral director Ethel L. Hicks

Address 45 Northwest St. Annapol

West St. Extd.

19. Feb. 34 19 45 (Date ree'd by registrar)

23. Registrar

23. SIGNATURE....

Accident, suicide, or homicide.

Where did injury occur?

Means of Injury

22. VIOLENCE: If death was due to external causes, fill in the following;

injured at home, farm, industry, public place (where?) ...

(City or town)

suls on Con M.D.

(County)

lajured at work?

(State)

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

				Reg. Dist. No	
1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
City or town. Free town (If outside city or town timits, write KUKAL and give nearest town)			State Coun		ndel
Unw long in photo place	outside city or town time	mits, write KUKAL and give nearest town)	City or town. Freetown		
Hospital, Institution, or	street address where d	leath occurred:	Sireet No		
How long in hospital or	r Institution?		(If rural, give see 2.(\sigma) If veteran, name war		000 000 000 000 000 000 000 000
3. (a) FULL NAM	E			3. (b) Social Security	Number
	MARY E	ELIZABETH SPENCER		none	
4. Sex	5. tolor or race	6.(4)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
fem.	Negro	married	20. DATE OF BEATH Rebruary	16 19 45	e 6 A
6.(b) Name of busband	or wife Edwa	rd Spencer	21. I CERTIFY that death occurred on the date above		
	00000000000000000000000000000000000000	6.(c) If alive, give age 66 years	2-7-	45 ,to 2-16	19. 45
7. Birth date of deceased (mo., day,)			and that I last saw h er alive on		
8. AGE: Years		Days If less than one day	Immediate cause of death Coronary thrombos		sudden
5	OI	2I	embolism, probably	v latter	
a Riribulace Fr	eetown,	A. A. Co., Md.	Due to Chronic valvula	ar heart	01
(Town, coonty, and state) 10. Usual occupation housewife			disease, decompensa	ated past	indefin
16. Usual occupation	1100364	416	Due Vear	***************************************	
11. Industry or busines		Dowder	Other conditions Arterioscle:	nocic Wine	P- 1111 111
12. Name	Raltimore	Dordy	tension. Congenita	al hydrocen	.
3. Birthplace Baltimore, Md.			alus . (Include pregnancy within 8 m	onths of death)	.1-
14. Malden name. 15. Birthplace	Baltimor	216	Major findings of operations		
				Date of op	20000
		ta McDonald	Antepsy results		
Address Freetown. P. O. Glen Burnie, Mo			22. VIOLENCE: If death was due to external caus		otatistically.
Buri	, or removal. Which?)	Date thereof	Accident, suicide, or homicide		
		ey Neck Cemetery	Where did injury occur?(City or town)		
		Nd	(City or town) Injured at home, farm, Industry, public place (who		
18. Funeral director Isiah Brown			Means of Injury	Injured et work?	
T		ntgomery st Balto.	P - (2 2 -	21
Address	/ 1/01	9 (1) 9.	23. SIGNATURE A. C.	M.D.	14- A.
19. 0 - 16	19 4/5	Z. a- O Co	Vandena,	med. Date alord	2-16-45
(Date ree o by re	RIBITAL	Registrur	Address		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

CERTIFICATE OI	F DEATH
----------------	---------

1. PLACE OF DEATH: County Anne Arundel City or town (17 outside city or town limits, write RURAL and give negrest town)		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland County Anne Arundel					
City or town	(If outside	DWIISVII. de city or town lin	LE nits, write R	URAL and give nearest town)	Odenton		
		eath? 12 y		mos, 26 days	(If outside city or town limits, v	write RURAL and give ne	
				Hospital	Street No. unknown		•••••
How tong in hospital or institution? 12 yrs, 5 mos, 26 days			mos, 26 days	2.(a) If veteran, name war.			
3. (a) FULL						3. (b) Social Security	Number
	3	SPRIGGS	- SE	DONIA			
4. Sex	1	Color or race		e, married, widowed, or divorced	MEDICAL CER	RTIFICATION	
fema	те	black		widow	20. DATE OF DEATH February 14	194.5	3:45A M
		lfe			21. I CERTIFY that death occurred on the date above August 18 19.3	2 to Februa	ryl4, 45
T. Birth date of			6.(0) If alive, give ageyears	and that i last saw h. G.T. alive on	bruary 14	1945
deceased (mo.	, day, yr.) Years	1874 1 Months	Days	I If less than one day	Immediate cause of death		DURATION
	71			hrs. min.	General Paresi	<u>S. 1.1.S</u>	Known to
	1	Marvlan	đ			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Feb. 19
9. Birthplace		(Town, e	ounty, and s	itate)	Due to	bassssssssssssssssssssssssssssssssssss	
10. Usual occup	atlon	Dome	stic		Buain	, , , , , , , , , , , , , , , , , , , ,	** ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11. Industry or t	ousiness					0.55	
12. Hame		ck Smit	h		Other conditions	iency	about
		ryland			With FS 1106 (Include pregnancy within 3 more	is	122 yrs
14. Maiden 15. Birthpla	name	Maria	Dorse	<u>Y</u>	Major findings of operations		
15. Birthpla	ce	Maryla	nd		Major Hadags of operations.		
18. Informant	Но	spital	Recor	ds	Antoney results		••••••
Address	Cr	ownsvil	le. M	arvland.	PHYSICIAN: Please underline the cause to which	h death should be charged	statistica0y,
" lon	-	0		10/11/10	22. VIOLENCE: tf death was due to external cauxes Accident, suicide, or homicide		
(Burlal, cres	nation, or	removal, Which?)	13	(month) (day) (year)		Date of	••••••
Cemetery or c	rematory./	TOTAL		9 - 0	Where did injury occur?(City or town)	(County)	(State)
Location	10	wite	rue	DI	injured at home, farm, lodustry, public place (when		
18. Funeral dire	ctor	Lugh	- X	Horolle	Means of Injury	Injured at work?	
Address		//	0		1 1 1 1 T	miles	1
9,1	2	1	-9 -	7 Joes Local	23. SIGNATURE	M. D.	or other
(Date rec'd	by registr	19.4 A		Registrar	Address Crownsville, Mar	yland Date signed.	2/14/45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

Date signed 2-11-18-43

CERTIFICA	TE OF DEATH Reg. Dist. No		
1. PLACE OF DEATH: County. City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war		
3.(a) FULL NAME Arehan Thomas St	3. (b) Social Security I	Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced where the same f.	MEDICAL CERTIFICATION 20. DATE OF DEATH. 3-6-11. 19.45	,at //120 P	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decean 19.3.6., to 3.4	18.4.	
9. Birthplace	Due to	***************************************	
11. Industry or business 12. Name State S	Other conditions Ordering - solutions	54.	
14. Malden name Eliabeth 24. 15. Birthplace Cl. A. Cs. M.L.	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant MAS Click Marie Stations Address 366 S. Compreside Vol. 17. Burial Daythereot 2/157 45	Autopsy results		
(Borial, cremation, or removal, Which?) Cemetery or crematory Manual Manual Comment Location Manual Manual Manual Comment Location Manual Manua	Accident, suicide, or homicide	(State)	
18. Funeral director House Holling man	22 SIGNATURE Chay, K. Ball Jr.	nes.	

Address...

Registrar

VS A15

(Date rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 87-2

CEDTIFICATE OF DEATH

CERTIFICAT	FE OF DEATH Rog. Diat. No. 28		
1. PLACE OF DEATH: County Anne Arundel City or town Crownsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 years, 322 days Hospital, institution, or street address where death occurred: Crownsville State Hospital How long in hospital or institution? 2 years, 322 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State		
3. (a) FULL NAME TEW - JOHN			
4. Sex male 5. Color or race black 6.(a) Single, married, wildowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF OBJECT FOR THE SECOND S		
6.(6) Name of husband or wife. Annie Tew 6.(c) It alive, give age Unknowledge 7. Birth date of deceased (mo., day, yr.) 1902			
8. AGE: Years Months Days It less than one day unkn pwn	Huntington's Chorea Prior t 2/3/43		
9. Skripplace	Due to		
Unknown 13. Birthplace unknown unknown	Other conditions (Include pregnancy within 5 months of death)		
14. Haiden name unknown unknown unknown	Major findings of operations		
16. taformant Hospital Records Address Crownsville, Maryland 17. Bate thereot (month) (day) (year) Cemetery or crematory Maryland Location (Location of Person of Control of	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
18. Funeral directed land folius Salates Address 9/8 Blues Steel Aug aug 19	23. Signature M. D. or other Address rowns ville, Maryland Date signed 2/26/45		

MARGIN RESERVED FOR BINDING



	TE OF DEATH Reg. Diet. No. 28
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) Now loag is above place of dealh? Hospital, laetitulioa, or street address where death accurred: How loag is hospital or lastitutioa? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town Landscales Russells (If outside city or town limits, write RURAL and give nearest town) Street No
4. Sex 5. Color or race 6.(a) Slagle, married, widowed, or divorced married.	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE DF DEATH FAL 24 19.46 at 1.50
6.(b) Name of husbaad or wife Answer 7. Birth dale of deceased (mo., day, yr.) 8. AGE: Yeare Months Bays It less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation Answer 11. Industry or businese 12. Name A Climan Manager 13. Birthplace Pa	and that I last saw h
14. Maidea aame Marketta 15. Birthplace Olycomore 18. latormaai Ministel M. Thomas Address Scrubsills M. R. F. B. 17. Build (Burial, cremation, or removal. Which?) Cemetery or crematory Bellium Marketta (month) (day) (year) Localioa Millussille o Marketta (month) (day)	Major findings of operations

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CERTIFICATE OF DEATH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conis especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

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CERTIFICA	ATE OF DEATH Reg. Dist. No.			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Anne Arundel				
Crownsyille. (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Anne Aru			
How long in above place of death? 11 VIS, 5 MOS, 25 QAVS	City or town Annapolis, Md. (1f outside city or town limits, write RURAL and give net	arest town)		
Nospital, Institution, or street address where death occurred:	Street No. unknown			
Crownsville State Hospital	(If rural, give LOCATION)			
How long in hospital or institution? 11 yrs., 5 mos., 26 days	S 2.(a) If veteran, name war	***************************************		
3. (a) FULL NAME TUCKER - WILLIAM	3. (b) Social Security	Number		
4. Sex S. Color or race S.(a) Single, married, widowed, or divorced	WEDICAL CERTIFICATION			
male black single	MEDICAL CERTIFICATION			
and out of the	20. DATE OF DEATH. February 4 19.45	10:00		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deca			
	August 8 19 33 10 Feb. 4			
7. Sirth date of deceased (mo., day, yr.) May 3, 1870 ?	and that I last saw h			
8. AGE: Years Months Days If less than one day	Immediate cance of death	1		
74 ? 9 1nrs	Carbuncle of Abdominal Wall	8 days		
9. Birthplace Anne Arundel County (Town, county, and state)	Bue to Chronic Myocarditis	unknow		
10. Usuat occupation Fisherman	Con			
11. Industry or business	Due to			
¥ 12 Name William Tucker	Diler conditions General Arterioscler-	* *************************************		
E 12. Name William Tucker 13. Sirthplace Anne Arundel County		unknov		
	OSIS (Include pregnancy within 8 months of death)	diffilov		
	Major findings of operations			
	Date of op.			
16. Informant Hospital Records				
Address Crownsville, Maryland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.		
Wounder Date thereof 272-40	22. VIOLENCE: tf death was due to external causes, fill in the following;			
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide			
Cometery or cremating to a Dulal	Where did injury occur?	(State)		
Location Town Kirkle	Injured at home, (tarm, Industry, public place (where?)			
18. Funeral director	Means of Injury			
	······································	- 0		
Address 4 1 2 7 Date 9	23. SIGNATURE M. D. c	1407		
(Date ref'd by registrar)	Address Crownsville, Maryland Date signed			

FEB 15 1945
BUREAU V.S.

Reg. Dist. No. 23

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em of information should carefully causes of death clearly and legibly.

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Every ite write the

UNFADING INK.

Physicians: please

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be supplie 1. PLACE OF DEATH:

anne (1 City or town Stoney Rus; Harover Md, RFD,
(If outsile city or town limits, write RURAL MEAR and give town)

Street address, hospital, or institution: Coner

Stay in hospital or met. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3. (a) FULL NAME

4. Sex 6.(a) Single, married, widowed, or pivorced

6 (b) Name of husband or e ease .6(c) It alive, give ege _____years

It less than one day

(month) (day) (year)

norszalolo

7. 61rth date of deceased (mo., day, yr.) Months Days

8. AGE: Yeers

9. 8 Irthplace_ (Town, county, and state)

10. Usual occupation -

11. Industry or business

13. Birthplace

14. Malden na 15. Girthplace 14. Malden name.

Address Date thereof Feb. 24, 194 17 Duyia (Burial, cremation, or remoyal. Which?)

LOSAY

18. Funeral director

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

Vland (If outside city or town limits, write RURAL NEAR and give

Stoney Kun Koad Newy P.R.R. Sta

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _ __

3. (b) Social Security Number NONE

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Immediate cause of death

Major findings;

Df operations

Df autopsy ____ 22. VIOLENCE: It death was qua to external causes, fill in the following

Accident, suicide, or homicide Where did injury occur?. (County)

(City or town) Injured at home, farm, industry, public place (where?)_

Means of Injury

23. SIGNATURE

Injured at work?

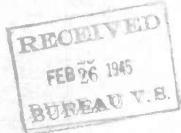
Address

M. D. or other

(State)

PHYSICIAN

Please underline the causo to which death should be charged statisti-



2411 N. Charles St., Baltimore

E OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

			-1//	
			1	
1111	D		0 1	
AU.	Diet.	No.		

			CERTI	FICA
1. PLACE OF DEAT	H: as	een	del	
		limits, write R	URAL and give nearest	town)
Now long in above place of Noapilal, institution, er st		death eccurred		**************
Hew long in hespital or in	atitution?		***************************************	••••
3. (a) FULL NAME	nor	400	12las	ne
4. Sex	5. Celor er race	6.(a) Single	, married, widowed, or divo	rced
m.	w.	er	carried	
B.(6) Name of husband or	wite Lu	sie	KEILHU	73.
7. Birth data e1 deceased (me., day, yr.)	Jus	re 15) If alive, give age	ува
8. AGE: Yeara	Months	Daya	It less than one day	
57	17	19	hrs	mir
9. Birthplace Ba	ltimo	ne,	ml.	
4)	, county, and s	tate)	
10. Usual eccupation		uell	411	••••
11. Industry or business	Marila	onery	Ward.	
12. Name.	econ.	W 27.	asue	
	ugli	7	1	
14. Maiden name.	sem	Per	eete	
2 15. Birthplace	nac	yea	nd.	
16. Interment MAS	· Lus	ie Wo	suer (w	ye)
Address Pac	ader	ca. 2	ud.	/
Buse	0		0/0/	44
(Burial, eremation, or	.//		(month) (day)	(year)
Cemetery er crematery.	Low	con c	ark	••••••
Location F	rederic	B CKO	204	
18. Funeral director	John F	Den	my, gonc.	
Address	1/5 Lig	ht si	3.	
21/6	L	- (master	Ula
(Date rec'd by regis:	trar)	J		Ollegistra

State Maryly	ud county enrielle	undel
City or tewn (If outside city	or town limits, write RURAL and give nea	rest town)
Street No	(If rural, givo LOCATION)	3 + 3 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 +
2.(a) 11 veteran, name war	***************************************	
(3. (b) Social Security	Number
	057103	351
MEI	ICAL CERTIFICATION	
20. DATE OF BEATH / ele	mary 4 11 x 5	, at 8
march 15	en the date obeve stated; that I attended decea	3 19. 4. 5
	en // 307 4 3	19
Immediate cause of death fundament	eliee	OURATION
	†	····A·····
Oue to acute Lus	Leschied	***************************************
nephrit	<u> </u>	10days
Oue te		••••••
Coscuono	of leavenerse	7 41/100
Other conditions		······
	ney within,3 months of death)	
Major findings of operations.	riolignancy of las	work
Colow.	Oale et ep.	1/27/20
Autopsy results	ne cause to which death should be charged :	statistically.
22. VIOLENCE: 11 death was due	te external causes, filt in the tollowing;	
Accident, suicide, or homicide	0ate of	00.00000
	ity or town) (County)	(State)
	ubilc place (where?)	
Meana et Injury	Injured at work?	
Just	love H. Paules	Dust.
23. SIGNAT UNTE.		or other
Address	Date algned	1 1/40

UNFADING INK. Supply every item of information carefully. The ant. Physicians: please write the causes of death clearly and legibly BINDING FOR MARGIN RESERVED

PLEASE WRITE PLAINLY, WITH UNF is especially important.

With the same of t CESSION OF THE OR DESIGNA and the property of the property of the contract of REM Y 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 9400 CERTIFICATE OF DEATH Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of moth MARYLA (If outside city of town limits, write RURAL and give nearest town) How long in above place of death?..... ite RURAL and give nearest town) Hospital, Institution, or street address where death occurred: How tong in hospital or institution?.... 2.(a) If veteran, name war.... 3. (b) Social Security Number 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from .6.(c) If alive, give ageyears and that I last saw h ... land allvo oo DURATION If less than one day (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill to the following: Dale thereof........................ Accident, suicide, or hemicide..... Date of Where did injury occur?(City or town) (Connty) Injured at home, farm, Industry, public ptace (where?) Means of Injury

WRITE SE

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information carefully of death clearly and

ADING INK. Supply eve Physicians: please write

important.

especially

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1. PLACE OF DEATH:

County HUGE

3. (a) FULL NAME

4. Sex

Male

7. Birth date of

8. AGE:

deceased (mo., day, yr.)

1B. Usual occupation.

11. Industry or busines:

15. Birthplace

18. Funeral director

(Date rec'd by registrar)

M. D. or other

Date signed 2. 7 -

RECEIVED FEB12 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Battimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	nndel		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a	F DECEASED:	
County Anne Arundel City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 Months, 19 days		state Maryland county Anne Arundel			
		City or town Annapol (If outside city or town limits			
Hospital, institution, or street ad	dress where death occurr	ed:			
Crownsvill	e State H	ospital	Street No. 8 Pleasar		
How long in hospital or institution	, 3 month	s, 19 days	2.(a) It veteran, name warunkno		
3. (a) FULL NAME	7.0031	TODODE N		3. (b) Social Security	Number
	LSON - TH			unknow	a
		gle, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
male b	lack	single	2D. DATE OF DEATH February	9 19 45	at
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date about	ve stated; that I altended dece	eased from
		(c) It alive, give ageyears	October 20		
7. Birth date of deceased (mo., day, yr.)	1917	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and that I last saw hI.M. alive on	o .	
8. AGE: Years Mo	nths Days	It less than one day	Immediate cause of death	ecic	Known t
28	? ?	hrs min.	A 544 5 4 8 4 8 4	.V.P.49	us sinc
9. Birthplace			Due to		11/2/4/
			Due to		***************************************
	nown nown		Differ conditions	_	
至 14. Malden name Ann	ie Witten	hall	(Include pregnancy within 3 m		
	nown		Major findings of operations		
		rds		Date of op	
			PHYSICIAN: Please underline the cause to whi	ich death should be charged	statistically.
Address Crow Burial (Burial, cremation, or remov	nsville, Date the	reof Feb. 13, 1945 (month) (day) (year)	22. VtOLENCE: It death was due to external caus Accident, suicide, or homicide.		
Comptory or cromatory	Brewer Hi	ll Cemetery	Where did injury occur?(City or town)		•••••
Cemetery or crematory. Brewer Hill Cemetery Annapolis, Maryland		(City or town) Injured at home, fam, industry, public place (who		(State)	
LOGATION			Means of Injury	- Injured at work?	
t8. Funeral director				Charles To	0
Address Annap	olis, Mar	A Doral	23. SIGNATURE 23	M. D.	or other
(Date rec'd by registrar)	.19	Registrar	Address Crownsville, Me	rylandbate signed.	2/9/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore 30.

CERTIFICATE OF DEATH

Reg. Diet. No. 2

1. PLACE OF DEATH: COUNTY Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Crownsville (If outside city or town limits, write RURAL and give nearest	
(If outside city or town limits, write RURAL and give nearest	Cambridge (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Crownsville State Hospital	Sireet No. 3 Edgewood Avenue (If rural, give LOCATION)
How long in hospital or institution? 1 month, 4 days	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
WOOLFORD - EUNICE	unknown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or dive	MEDICAL CERTIFICATION
female black single	20. DATE OF DEATH February 21 19 45 at 10:00 P
6.(b) Name of husband or wife	21. 1 CERTIFY that death occurred on the date above stated; that I altended deceased from
the state of the s	January 17 18 45 to Feb. 21 19 45 and that I last saw her alive on February 21 19 45
7. Sirth date of 1922	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION General Paresis Known to
23 hrs	General Paresis Known to us sinc
9. Birthotace Maryhand	Que to. 2/2/45
9. Birthptace	
to. Usual occupation	Due to
11. Industry or business	
12. Name Joseph Woolford 13. Birthplace unknown	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name unknown 15. Birthplace unknown	Major findings of operations
15. Birthplace unknown	Date of op.
16 Informant Hospital Records	Autopsy results.
Address Crownsville, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, 9x/craoval, Which?) Date thereof. 3 (month) (day)	22. VIOLENCE: If death was due to external causes, fill in the following: (year) Accident, suicide, or homicide
Ans Til	Where did injury occur?
Cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	means or injust)
Address To forserle	JARN V Home Wood
model to my - 84 tone	Q O Case 23. SIGNATORS M. D. or other
(Date rec'd by registrar)	Registrar Address Crownsville, Maryland Oate stgned 2/21/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

